

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.

JANE HEARNE

(insert name(s) of applicant)

Apply for a premises licence under section 12 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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

3 HIGH STREET

Town or village Belford

Postcode

NETO FINE

Telephone number of premises (if any)

Non-resident taxable value of premises

3000

Part 2 - Applicant details

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

- a) as an individual or individuals please complete section (A)
- b) as a person other than an individual
 - i) as a limited company/limited liability partnership please complete section (A)
 - ii) as a partnership (other than limited liability) please complete section (B)
 - iii) as an unincorporated association or please complete section (B)
 - iv) other (for example a statutory corporation) please complete section (B)
 - c) as a recognised club please complete section (B)
 - d) as a charity please complete section (B)

- a) the proprietor of an educational establishment please complete section (B)
- b) a health service body please complete section (B)
- c) a person who is registered under Part 2 of the Care Standards Act 2000 (014) in respect of an independent hospital in Wales please complete section (B)
- ca) 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)
- cb) 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 taxable activities.
- I am making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (to be completed as applicable)

Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Given Title (for example, Prof)	
Surname HEARNE		First names JANE	
Date of birth	I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes
Nationality BRITISH			
Current residential address (if different from premises address)		1 MARKET PLACE	
Post town	Belford	Postcode	NE70 7ND
Daytime contact telephone number			
E-mail address (optional)			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see page 15 for information)			

SECTION 1: INDIVIDUAL APPLICANT (if applicable)

Mr. <input type="checkbox"/>		Mrs. <input type="checkbox"/>		Miss <input type="checkbox"/>		Ms. <input type="checkbox"/>		Other Title (for example, Rev)	
Surname					First name				
Date of birth					I am 18 years old or over <input type="checkbox"/> Please tick yes				
Nationality									
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit "share code" provided to the applicant by that service. (please see note 15 for information)									
Current residential address (if different from previous address)									
Post town			Postcode						
Daytime contact telephone number									
E-mail address (optional)									

SECTION 2: OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give full 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									
Registered number (where applicable)									
Description of applicant (for example, partnership, company, unincorporated association etc)									

Telephone number (if any)

E-mail address (optional)

Part 2 Licensing Schedule 1

When do you want the premises licence to start?

DD MM YYYY
04 06 2020

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)

A LICENCED CAFE / DELI BAR
OUTSIDE SEATING TO FRONT OF PREMISES FOR
CONSUMPTION OFF PREMISES

If 500 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)

Division of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) play (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 (a), (d) or (g) (if ticking yes, fill in box H)

Exotic or late style refreshment (if ticking yes, fill in box 1)



Special refreshment (if ticking yes, fill in box 1)



In all cases complete boxes B, C, and D.

▲

Play: Standard days and timings (please read guidance note 7)		Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoor <input type="checkbox"/>
			Outdoor <input type="checkbox"/>
			Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details if any (please read guidance note 4)
Tue			
Wed			State any special requirements for performing plays (please read guidance note 5)
Thu			
Fri			Not standard classes. When you intend to use the provision for the performance of plays of different kinds to those listed to the columns on the left, please tick (please read guidance note 6)
Sat			
Sun			

Will you be exhibiting at this event? (please tick) (please read guidance note 3) <input type="checkbox"/>			Indirect <input type="checkbox"/>
Standard days and timings (please read guidance note 7)			Outdoor <input type="checkbox"/>
			Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) State any special requirements for the exhibition of items (please read guidance note 5) How should items be stored? Where you intend to use the premises for the exhibition of items at different times in three hours in the collection on the site, please tick (please read guidance note 6)
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any special variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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			

boxing or wrestling entertainment Standard days and timings (please read guidance note 3)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Live music			Will the performance of live music take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Standard days and timings (please read guidance note 7)				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	12pm	12Am	Please say further details here (please read guidance note 4)		
	1200	2400			
Tue	12pm	12Am	Write any seasonal variations for the performance of live music (please read guidance note 5)		
	1200	2400			
Wed	12pm	12Am	Use standard timings. Where you intend to use the permits for the performance of live music at different times to those listed in the column on the left, please tick (please read guidance note 6)		
	1200	2400			
Thur	12pm	12Am	ON BANK HOLIDAYS / CHRISTMAS /		
	1200	2400			
Fri	12pm	12Am	NEW YEAR I MAY HAVE MUSIC		
	1200	2400			
Sat	12pm	12Am	PLAYING LATER - UNTIL 1AM		
	1200	2400			
Sun	12pm	12Am			
	1200	2400			

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Recorded music		Will the playing of recorded music take place indoors or outdoors or both - check box (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
Standard days and times (please read guidance note 7)				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	8Am 0800	12Am 2400			
Tue	8Am 0800	12Am 2400			
Wed	8Am 0800	12Am 2400	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	8Am 0800	12Am 2400			
Fri	8Am 0800	12Am 2400	Non standard times. 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	8Am 0800	12Am 2400			
Sun	8Am 0800	12Am 2400			

Performance of dance Standard days and timings (please read guidance note 1)

Will the performance of dance take place indoors or outdoors or both - please tick (please read guidance note 2)

Indoors

Outdoors

Both

Day	Start	Finish	
Mon			Please give further details here (please read guidance note 4)
Tue			
Wed			State any general comments for the performance of dance (please read guidance note 5)
Thu			
Fri			Has standard timings. Where you intend to use the provision for the performance of dance at different times to those listed in the return on the left, please tick (please read guidance note 6)
Sat			
Sun			

III

Any filing of a similar description to that falling within (a), (b) or (c) Standard days and times (please read guidance note 7)		Please give a description of the type of entertainment you will be providing							
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoor</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoor	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input type="checkbox"/>								
Outdoor	<input type="checkbox"/>								
Both	<input type="checkbox"/>								
Mon									
Tue			Please give further details here (please read guidance note 4)						
Wed									
Thu			State any special variations for entertainment of a similar description to that falling within (a), (b) or (c) (please read guidance note 5)						
Fri									
Sat			Non standard times. Where you intend to use the premises for the entertainment of a similar description to that falling within (a), (b) or (c) at different times to those listed in the column on the left, please tick (please read guidance note 6)						
Sun									

Late night refreshment Standard days and timings (please read guidance note 7)			With the provision of late night refreshment will you be imposing on outdoors or both - please tick (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) State any proposed variations for the provision of late night refreshment (please read guidance note 5) Not standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to be done in the column on the left, please tick (please read guidance note 6) ONLY ON CERTAIN OCCASIONS WE INTEND TO PROVIDE LATE NIGHT REFRESHMENTS - BANK HOLIDAYS / CHRISTMAS / NEW YEAR	
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Details of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for premises only - please tick (please read guidance note 8)	On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any reasons or wishes for the supply of alcohol (please read guidance note 5)	
Mon	0800	2400		
Tue	0800	2400		
Wed	0800	2400		
Thu	0800	2400		
Have 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)				
	0800	2400	ON BANK HOLIDAYS / CHRISTMAS EVE / CHRISTMAS DAY / BOXING DAY /	
Sat	0800	2400	NEW YEARS EVE / NEW YEARS DAY I WOULD LIKE TO EXTEND THE HOURS	
Sun	0800	2400	UNTIL 2AM (0200)	

State the name and details of the individual whom you wish to notify as the licensee or designated person responsible (Please see declaration about the entitlement to work in the capacity of licensee or designated person)

Name	JANE LOUISE HEARNE
Date of birth	[REDACTED]
Address	1 MARKET PLACE BELFORD
Postcode	NE70 7ND
Personal licence number (if known)	NPL/35
Issuing licensing authority (if known)	NORTHUMBERLAND COUNTY COUNCIL

Please highlight any adult entertainment services, activities, other entertainment or content that may be used to provide the products and/or services. Do not include in regard of children (please read guidance note 5)

N/A

Hours provided are open to the public (please read guidance note 1)

Open and closed times for (please read guidance note 5)

Day	Start	Finish
Mon	0800	2400
Tue	0800	2400
Wed	0800	2400
Thu	0800	2400
Fri	0800	2400
Sat	0800	2400
Sun	0800	2400

Not specified times. 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 5)

ON BANK HOLIDAYS / CHRISTMAS EVE / CHRISTMAS DAY / BOXING DAY / NEW YEARS EVE / NEW YEARS DAY
I WOULD LIKE TO EXTEND THE HOURS UNTIL 0200 (2AM)

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

1) **Prevent crime and disorder** (please read guidance note 10)

I WILL ENSURE ALL STAFF ARE COMPETENT AND TRAINED IN RELATION TO THE CONDITIONS OF THE LICENCE AND FOR PREVENTING CRIME AND DISORDER IN RESPECT OF THE SALE OF ALCOHOL - DRUNKENNESS AND UNDERAGE PERSONS

2) **The protection of children and young persons**

I WILL ENSURE THAT CCTV WILL BE INSTALLED, OPERATED AND MAINTAINED AT THE PREMISES AND ANY CRIMINAL INCIDENTS REPORTED TO THE POLICE

3) **Public safety**

I WILL ENSURE THAT APPROPRIATE FIRE SAFETY PROCEDURES ARE IN PLACE, INCLUDING FIRE EXTINGUISHERS, SMOKE ALARMS, FIRE EXIT SIGNS

4) **The prevention of public nuisance**

I WILL ENSURE THAT ALL OUR CUSTOMERS WILL BE ASKED TO LEAVE QUIETLY IN RESPECT OF NEIGHBOURS

5) **The protection of public health**

I WILL ENSURE ALL STAFF ARE TRAINED FOR UNDERAGE SALES PREVENTION

ALL PERSONS WHO APPEAR TO BE UNDER 25 WILL BE ASKED FOR PHOTOGRAPHIC ID - DRIVING LICENCE / PASSPORT

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 13)

Signature

[Redacted Signature]

Date

5/5/20

Capacity

LICENCEE / OWNER

The above application, signature of the applicant or the applicant's partner or other authority, of these forms and guidance note 13. If signing on behalf of the applicant, please state the correct capacity.

Signature

Date

Capacity

Address (email or one not previously given) and postal address for correspondence associated with this application (please see guidance note 14)

[Redacted Address]

Business

[Redacted Business Name]

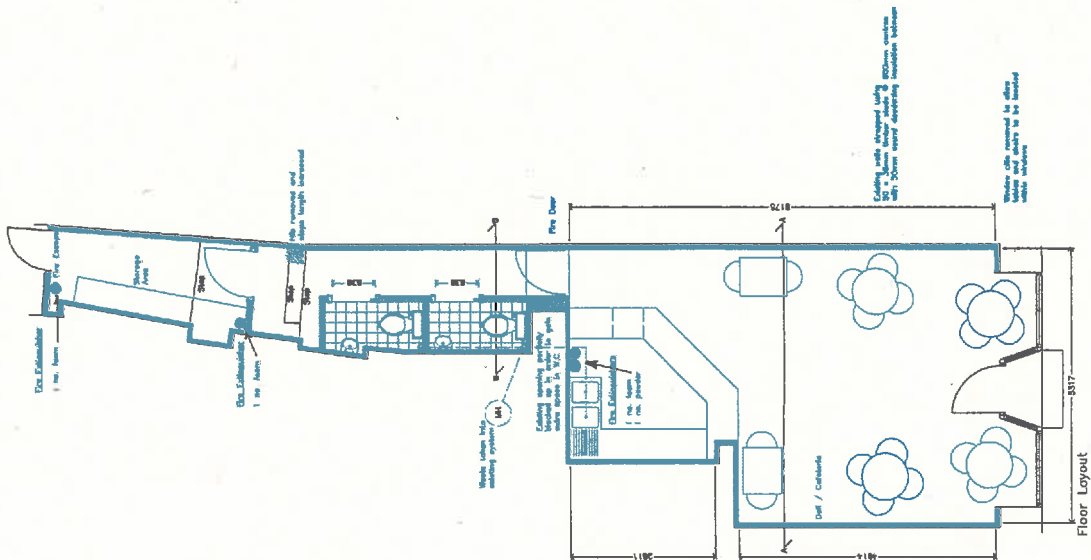
Postcode

[Redacted Postcode]

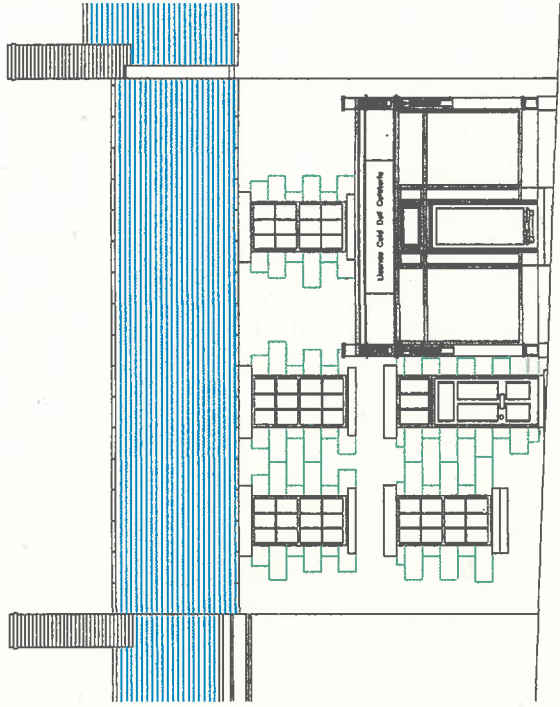
Telephone number (if any)

[Redacted Telephone Number]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)



Floor Layout



Front Elevation

New Suspended Ceiling -
 200mm sections @ 600mm centres suspended on 100mm long
 12.2mm x 12.2mm aluminium channels fixed to 20 x 20mm timbers @
 200mm centres with 30mm square recessed luminaires



Section A-A



Section B-B

PROJECT Change of Use from Retail to Licensed Cold Deli Confectionery No. 3 High Street Balford Northumberland	
CLIENT Mr. R. Hearna	
TITLE Proposed Layout & Elevation	
SCALE 1:50 @ A1 (Do not scale)	DATE May 2020
PROJECT NO. 20 / 510	DATE BY J. Dobson
REVISIONS	
<p style="text-align: right;">DORRONS DESIGN LTD The Crossings, Newburn, Newcastle, NE11 9PC Tel: (01690) 219003 Fax: (01690) 216185</p>	

