

**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.

I/We ANDREW LESLIE PASS
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) 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, if none, ordnance survey map reference or description			
19 BROADSTONE ROAD REDOISH			
Post town	STOCKPORT	Postcode	SK5 7AR

Non-domestic rateable value of premises	£ 5400 - BAND B
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Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |

- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please 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 ☐ please 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 ☐ please complete section (B)
- h) 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 licensable activities; or ☐

I am making the application pursuant to a
 statutory function or ☐
 a function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PASS			First names ANDREW LESLIE		
Current residential address if different from premises address		24 CORNFIELD STALYBRIDGE			
Post town	TAMESIDE			Postcode	SK15 2UA

SECOND 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 names		

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
Current postal address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(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
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

0	1	1	2	2	0	2	0
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If you wish the licence to be valid only for a limited period, when do you want it to end?

N/A

DD		MM		YYYY			

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

PLEASE SEE APPENDIX ONE BEHIND

If 5,000 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)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (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 (e), (f) or (g) (if ticking yes, fill in box H) ☐

Provision of late night refreshment (if ticking yes, fill in box I)

☐

Appendix One

General description of the premises.

Main road ground floor corner retail unit, ex Butchers shop which has been empty for the last 12 years.

Additional rear yard and a large pavement to side of retail unit, adjacent to Lynmouth Avenue.

Property also has a cellar to the rear half of the main retail space, which would be used for storage only.

Retail space can be accessed by single step to the front and rear doors of the property.

Car Parking spaces via a council provided car park opposite the property on Broadstone Road, with a traffic controlled Pelican crossing in front of the unit.

Please see attached Photographs.

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Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – 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 seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	13.30	23.00			
Tue	13.30	23.00			
Wed	13.30	23.00			
Thur	13.30	23.00	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) EXTENDED HOURS REQUEST BANK HOLIDAY MONDAYS CHRISTMAS EVE NEW YEARS EVE SAME START - FINISH 1PM		
Fri	12.00	24.00			
Sat	12.00	24.00			
Sun	12.00	23.00			

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

Name ANDREW LESLIE PASS

Personal licence number (if known) PA19127

Issuing licensing authority (if known) TAMESIDE MET BOROUGH

□□□□

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).

NO ENTERTAINMENT, SERVICES, ACTIVITIES OR GAMING MACHINES TO BE PRESENT AT THE PREMISES.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	13.30	23.00	<p>Non standard timings. 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 6)</p> <p>EXTENDED HOURS REQUEST:</p> <p>BANK HOLIDAY MONDAYS</p> <p>CHRISTMAS EVE</p> <p>NEW YEARS EVE</p> <p>SAME START TIME - FINISH 7 PM</p>
Tue	13.30	23.00	
Wed	13.30	23.00	
Thur	13.30	23.00	
Fri	12.00	24.00	
Sat	12.00	24.00	
Sun	12.00	23.00	

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

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

Please refer to attached sheets

b) The prevention of crime and disorder

Please refer to attached sheets

c) Public safety

Please refer to attached sheets

d) The prevention of public nuisance

Please refer to attached sheets.

e) The protection of children from harm

SECTION M

a) General - All Four Licensing objectives:

- Specific staff training covering license objectives.
- All notices displayed are checked/maintained each shift.
- Nominated Supervisor Identified to public on each shift.
- Staff access at all times to critical contact points list.

b) The Prevention of crime and disorder:

- The premises to be fully alarmed & CCTV installed with a staff panic button available.
- All doors to have mortice locks and windows secured.
- No money to be left on the premises – display notice.
- Outdoor lighting for customer and staff safety
- Crime and prevention notices, i.e.
Ask for Angela
No Drugs policy/notice
Drinking Age Notice.

c) Public Safety:

- Outdoor Lighting.
- Free Drinking Water.
- Overcrowding measures / customer count.
- Fire safety – extinguishers to be available and relevant lighting/signs provided.
- First Aid Kit.
- All Allergens listed for public to see on the beers sold.
- Relevant Insurance for Employees and Customers with displayed certificates.
- Accident / Illness Book.
- Health & Safety Law poster / notice displayed.
- Large notices pointing out all steps at all entrances / exits.

d) The Prevention of Public Nuisance:

- All windows and doors to remain closed to reduce noise to surrounding residents.
- Outdoor areas to be closed at 23.00 hours.
- Notices displayed to remind customers to be quiet on leaving premises.
- All litter to be cleared every day and bins to be provided in the outdoor areas which will be locked when the bar is closed.
- Car Park notice advising of Car Park across the road.
- Only Background music to be played / no live entertainment.

e) The Protection of children from harm

- Make sure all staff check ages of customers – check relevant ID i.e. Passport, Driving License, run Challenge 21 Scheme.
- Notice present of times when children are allowed in, no under 12's after 19.00 hrs.
- No unaccompanied minor allowed in establishment.
- No plans for any entertainment.
- Refusal book to be kept behind the bar.

Please refer to attached sheets

Checklist:

Please tick to indicate agreement

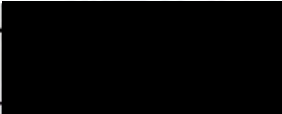
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- 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 PURSUANT 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)

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

Declaration	<ul style="list-style-type: none"> [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 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, if appropriate (please see note 15)
Signature	
Date	6/10/20
Capacity	DIRECTOR OF FRANKIE'S ALE HOUSE

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	
Date	
Capacity	

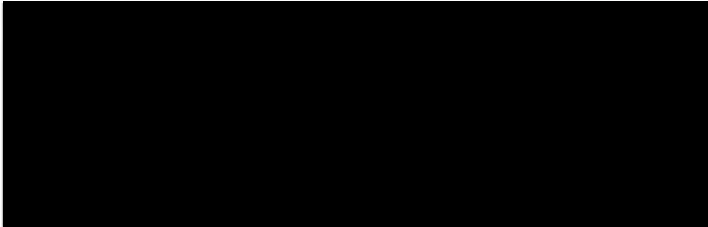
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- Describe the premises, for example the type of premises, its general situation and layout and any other information which 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 will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:

Consent of individual to being specified as premises supervisor

I ANDREW LESLIE PASS
[full name of prospective premises supervisor]



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[type of application] PREMISES LICENSE

by ANDREW LESLIE PASS

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for FRANKIE'S ALE HOUSE
19 BROADSTONE ROAD
REDDISH, STOCKPORT SK5 7AR

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

[name of applicant] ANDREW LESLIE PASS

concerning the supply of alcohol at

FRANKIES ALE HOUSE
19 BROADSTONE ROAD
REDDISH
STOCKPORT SK5 7AR

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA19127

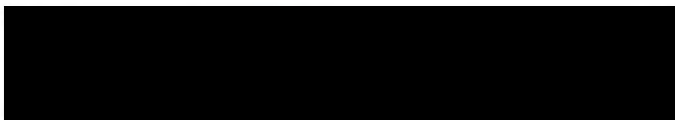
[insert personal licence number, if any]

Personal licence issuing authority

TAMESIDE METROPOLITAN BOROUGH

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

ANDREW PASS

Date

2ND OCTOBER 2020