

**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 Now's PIZZAS LTD
(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 <u>48 Buxton Road</u> <u>Heaviley</u>	
Post town <u>STOCKPORT</u>	Postcode <u>SK6 2UR</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£ 10250</u>

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i as a limited company/limited liability partnership | <input checked="" 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) |

Date of birth		I am 18 years old or over <input checked="" 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	MOW'S PIZZAS LTD.
Address	93 CHURCH LANE MARPLE STOCKPORT SK6 7AW
Registered number (where applicable)	12809701
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
05 12 2020

- 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 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 residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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		

SCANNED 21 OCT 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 GROUND FLOOR PIZZERIA SEATING
40 PEOPLE WITH A BAR

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

☐

SCANNED 21 OCT 2020

Supply of alcohol (if ticking yes, fill in box J)



In all cases complete boxes K, L and M

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors <input checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) QUIET BACKGROUND MUSIC		
Mon	11.00	23.00			
Tue	11.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed	11.00	23.00			
Thur	11.00	23.00	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 6)		
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	23.00			

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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	11.00	23.00			
Tue	11.00	23.00			
Wed	11.00	23.00			
Thur	11.00	23.00			
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	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)		

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	MALCOLM EDWARD OWENS
------	----------------------

Date of birth

Personal licence number (if known)

PLDC 199

Issuing licensing authority (if known)

RICHMONDSHIRE DISTRICT COUNCIL

□□□□

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).

N/A

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	11.00	23.30	<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>
Tue	11.00	23.30	
Wed	11.00	23.30	
Thur	11.00	23.30	
Fri	11.00	23.30	
Sat	11.00	23.30	
Sun	11.00	23.30	

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)

WE WILL HAVE CCTV COVERING INSIDE + OUTSIDE OF THE PREMISES. WE WILL OPERATE THE CHALLENGE 25 MEASURES. ALL STAFF WILL BE TRAINED ON HANDLING ANTI SOCIAL BEHAVIOUR. ALL CCTV WILL BE STORED FOR A MINIMUM OF 28 DAYS

b) The prevention of crime and disorder

WE WOULD CONSIDER OURSELVES A LOW RISK AS WE ARE A PIZZERIA WHERE PEOPLE WILL PASS THROUGH QUICKLY. HOWEVER, ALL STAFF WILL BE TRAINED TO SPOT THE USE OF DRUGS

c) Public safety

WE WILL ADHERE TO ALL HEALTH + SAFETY, AND HAVE APPROPRIATE FIRE ALARMS AND LIGHTING. ALL STAFF WILL BE TRAINED TO SPOT THE SIGNS OF POTENTIAL ANTI SOCIAL BEHAVIOUR

d) The prevention of public nuisance

ALL CUSTOMERS WILL BE ASKED TO LEAVE THE PREMISES QUIETLY. NO. CUSTOMER WILL BE SERVED IF WE BELIEVE THEY ARE INTOXICATED OR HAVE USED DRUGS

e) The protection of children from harm

WE WILL HAVE A ZERO TOLERANCE APPROACH
TO BAD LANGUAGE, ANTI SOCIAL BEHAVIOUR
IT WILL BE VERY FAMILY ORIENTATED

Checklist:

Please tick to indicate agreement

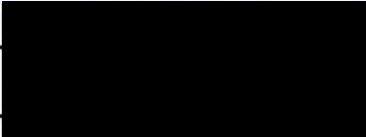
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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.

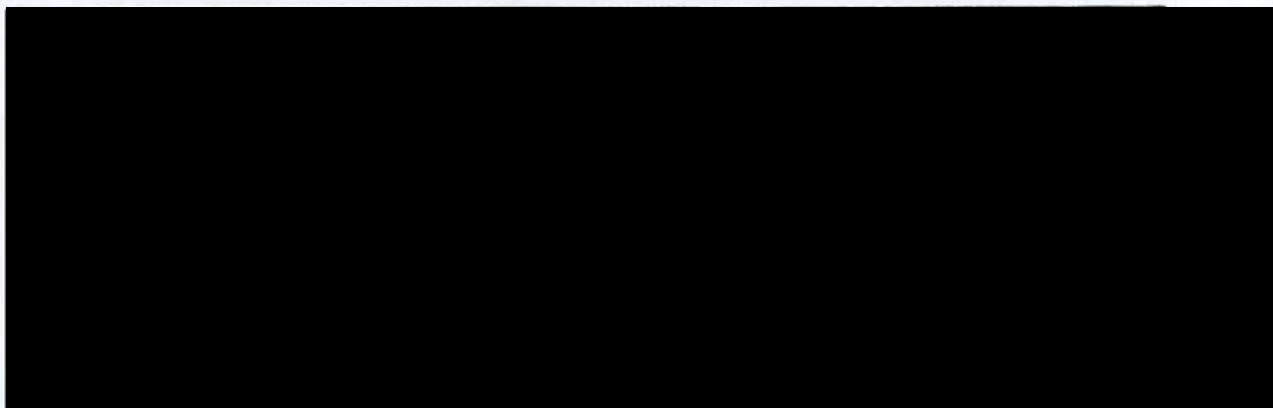
Part 4 – Signatures (please read guidance note 11)

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	10.10.20
Capacity	DIRECTOR

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	



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:

△ Fire extinguisher

□ Fire exit

○ Smoke Alarm

ACCESSIBLE
TOILET
○

STAIRS - NO ACCESS
TO PUBLIC
○

OPEN PLAN
KITCHEN

5 x 3 METRES

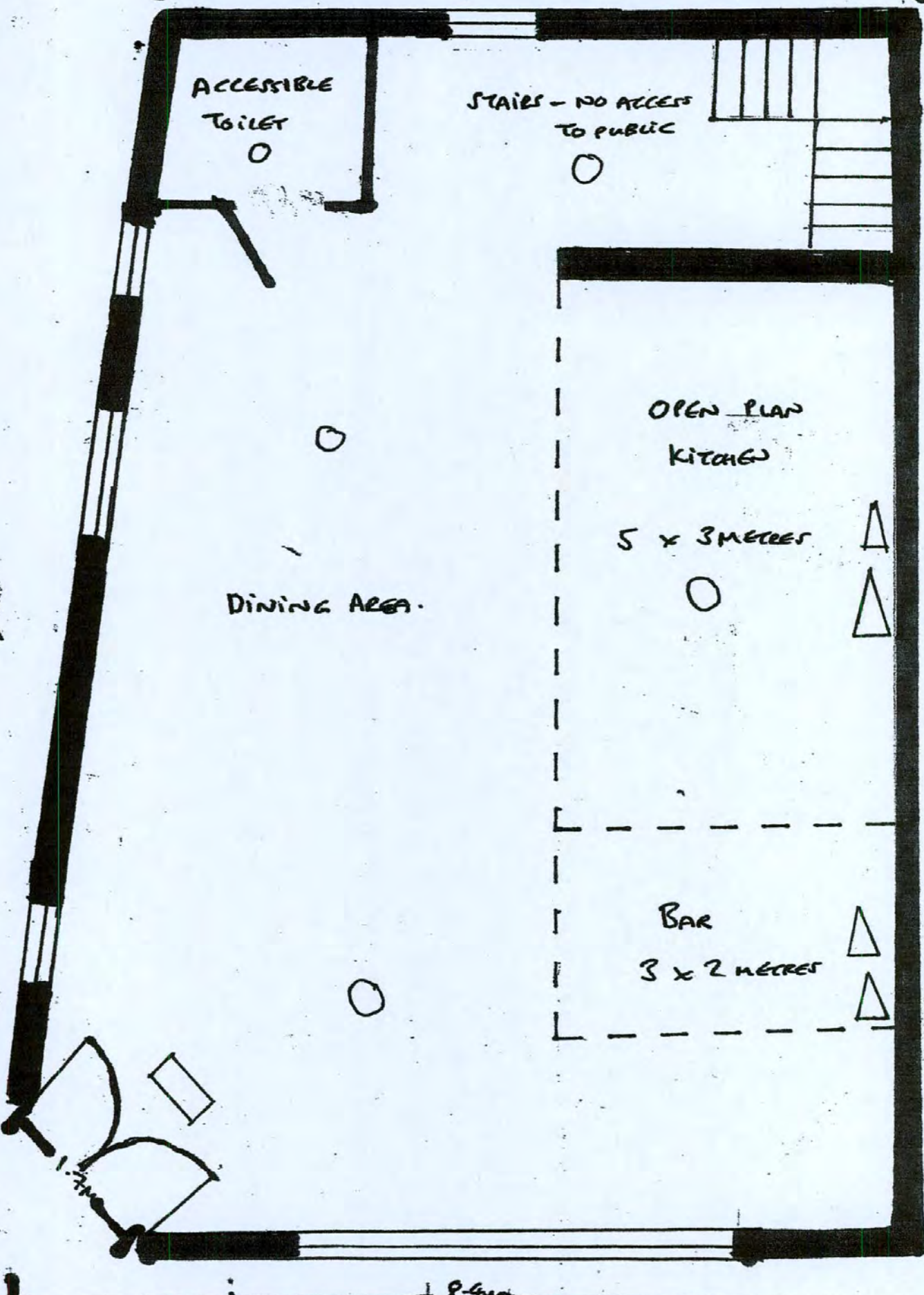
DINING AREA.

BAR

3 x 2 METRES

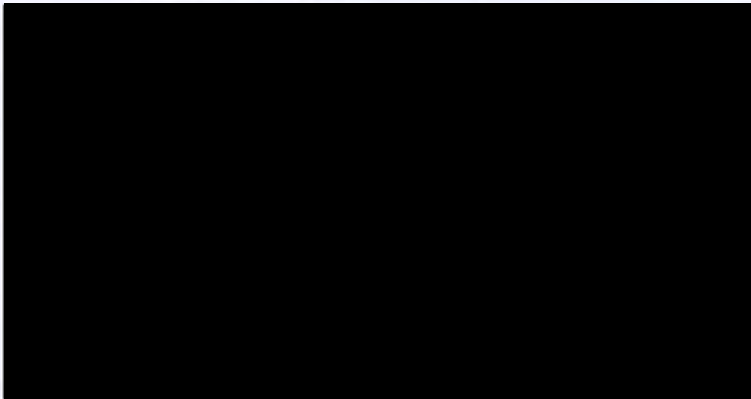
14.2m

8.4m



Consent of individual to being specified as premises supervisor

I MARK EDWARD OWENS
[full name 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

Premises Licence
[type of application]

by

Mow's Pizzas Ltd.
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

48 Buxton Road
Heaviley
Stockport
SK12 6NB
[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

Mowi Pizzas Ltd.
[name of applicant]

concerning the supply of alcohol at

48 Buxton Road
Heawley
Stockport.
SK2 6NB
[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

RDC199
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed

Name (please print)

H. OWENS

Date

16.10.20