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The Licensing Officer (2003)
Stockport Metropolitan Borough
Council
Fred Perry House
Edward Street
Stockport
Greater Manchester
SK1 3UR

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4 Fiveways Parade
Hazel Grove
Stockport
SK7 6DG

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SCANNED 05 SEP 2023

PREMISES LICENCES**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 **MUZAMMAL TAUFIQ**

(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			
BOMBOLONI 4 FIVEWAYS PARADE HAZEL GROVE STOCKPORT SK7 6DG			
Post town	HAZEL GROVE	Postcode	SK7 6DG
Telephone number at premises (if any)		[REDACTED]	
Non-domestic rateable value of premises		£11,000 PER ANNUM	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (B)
- i. as a limited company please complete section (B)
- ii. as a partnership 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) a recognised club please complete section (B)
- d) a charity 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)

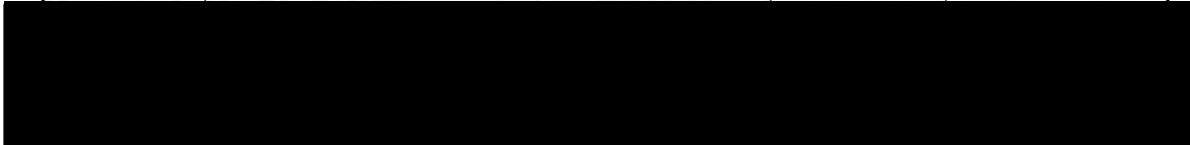
* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- 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 TAUFIQ			First names MUZAMMAL		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		BOMBOLONI 4 FIVEWAYS PARADE HAZEL GROVE STOCKPORT SK7 6DG			
Post town	HAZEL GROVE			Postcode	SK7 6DG



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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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
2	6	092023

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)

BOMBOLONI IS A CAFÉ/DESSERT PLACE AND I INTEND TO SELL ALCOHOL TO BE CONSUMED ON AND OFF THE PREMISES. THIS IS TO GIVE CUTOMERS AN OPTION TO HAVE ALCOHOLIC BEVERAGES WITH THEIR DESSERTS, SHOULD THEY WISH TO DO SO.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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) ✓

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

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>		
				Outdoors <input type="checkbox"/>		
Both <input type="checkbox"/>						
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed					State any seasonal variations for performing plays (please read guidance note 4)	
Thur						
Fri					Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Both	<input type="checkbox"/>				
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon		-----	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue		-----	
Wed	-----	-----	
Thur		-----	<u>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</u> (please read guidance note 5)
Fri		-----	
Sat	-----	-----	
Sun	-----	-----	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
Both	<input type="checkbox"/>							
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur								
Fri								
Sat						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)		
Sun								

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please 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)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri					
Sat					
Sun			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3) Unamplified background music		
Mon	23:00	01:00			
Tue	23:00	01:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	23:00	01:00			
Thur	23:00	01:00	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 5)		
Fri	23:00	01:00			
Sat	23:00	01:00			
Sun	23:00	01:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	---	---			
Tue	-----	-----			
Wed		-----	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	---	-----			
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

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon	---	-----		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue		---	<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed		-----			
Thur		---	<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri		-----			
Sat			<p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>		
Sun		-----			

I

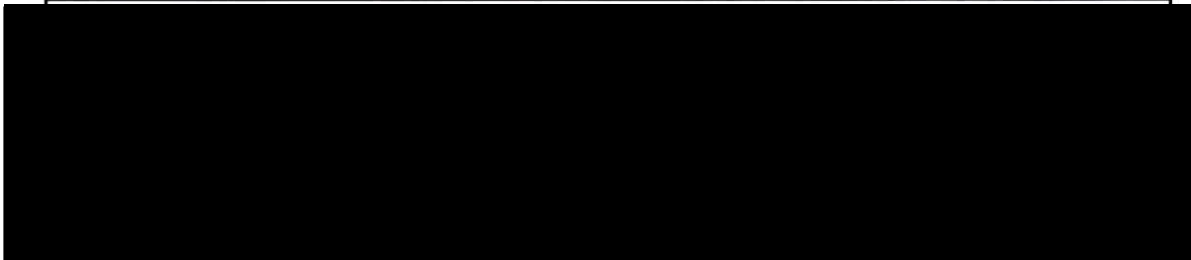
Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	23:00	01:00	<u>Please give further details here</u> (please read guidance note 3) Indoor On the premises late night refreshments.		
Tue	23:00	01:00			
Wed	23:00	01:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23:00	01:00			
Fri	23:00	01:00	<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 5)		
Sat	23:00	01:00			
Sun	23:00	01:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	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 4)		
Mon	13:00	01:00			
Tue	13:00	01:00			
Wed	13:00	01:00			
Thur	13:00	01:00			
Fri	13:00	01:00			
Sat	13:00	01:00			
Sun	13:00	01:00	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 5)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name
ZANIAR IBRAHIM



Personal licence number (if known)
KUHPA2766

Issuing licensing authority (if known)
HULL CITY 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 8).
N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	<u>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</u> (please read guidance note 5)
Mon	13:00	01:00	
Tue	13:00	01:00	
Wed	13:00	01:00	
Thur	13:00	01:00	
Fri	13:00	01:00	
Sat	13:00	01:00	
Sun	13:00	01:00	

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 9)

I have set standards related to all aspects of operating the business, from the deliveries of stock right through to the manner of sales to the customers.
I am mindful of my obligation to my staff, our customers, local residents and visitors who may be affected by my business.
I have employed adequate staff to allow proper management and supervision of those who visit us.

b) The prevention of crime and disorder

I will actively co-operate with the local police to ensure that we are made aware of particular problems which affect the area and which may potentially affect our business.
I will not countenance the use or supply of illegal drugs/products and my staff will inform the police immediately of any suspected activity on or in the vicinity of the premises.
Our employment policy is designed to ensure that only professional and reputable staff are employed.

c) Public safety

The premises comply with all requisite health and safety legislation. I will carry out regular health and safety risk assessments and am required to do so under the terms of the lease.
In the most unlikely event that a greater number of people congregate in the premises than is conducive to public safety, we will not hesitate to ask people to leave the shop and return at a quieter time.

d) The prevention of public nuisance

Our door will be kept closed at all times except customers/staff/delivery drivers etc entering and exiting the premises.
I intend to display a notice to our customers to leave the premises quietly and with due consideration for our neighbours.
Delivery drivers will be instructed to enter and leave their vehicles quietly, not leave the engines running and to part considerately.
I would not hesitate in banning people who visit the premises and regularly leave in a noisy fashion.

e) The protection of children from harm

To comply with this legislation, I will operate a “challenge 25” policy as a minimum whereby any person not looking the age of 25 must prove that they are in fact over the age of 18 for the purpose of sale of alcohol. Acceptable proof of ID will be passport or photo card driving license.
All the staff would be trained accordingly as well as the operation of a refusals book and refresher’s training on regular basis.
There will be a CCTV camera fully recordable and prominent signage located throughout the premises confirming the legal minimum age for the purchase of alcohol.

Additional Information:

CCTV:

A tamper-proof digital colour CCTV system is installed and maintained at the premises.

The system will run and record continuously for 24 hours a day, 7 days per week and recorded footage will be stored for a minimum of 31 days.

The system will provide a clear head and shoulders view to an evidential quality on every entry/exit route and within any other vulnerable areas.

Recorded footage will be provided to a representative of any responsible authority on request. Such footage will be provided in an immediately viewable format and will include any software etc, which is required to view the footage. Any discs, portable drives or other storage media onto which footage is transferred will be provided by the premises and sufficient stock of such storage media will be kept on the premises at all times.

A member of staff who is trained to operate the system and supply footage will be present at the premises at all times when licensable activities are taking place.

Designated Premises Supervisor will ensure that the CCTV system is checked at least once every week by a suitably trained member of staff. This check will include the operation of the cameras, the recording facilities, the facilities for providing footage and the accuracy of the time & date. A written record of these checks will be kept, including a signature of the person carrying out the check. This written record will be kept on the premises at all times and made available to a representative of any responsible authority on request.

Suitable signage informing customers that a CCTV system is in operation will be placed in prominent positions within the premises, including information on the Data Protection Act and the Human Rights act.

Challenge 25:

The premises will operate a "Challenge 25" scheme at the premise in relation to age verification for alcohol sales. Signs and/or posters will be displayed in prominent positions inside the premises to inform customers of this condition.

Refusals Book:

A refusals book will be kept at the premises and will be used to record all refusals to sell alcohol for any reason. When other age restricted products are sold at the premises, any refusals to sell such items to underage persons or persons who appear underage will be recorded. The details will be recorded as follows:

- (i) Time, day & date of refusal
- (ii) Item refused
- (iii) Name & address of customer (if given)
- (iv) Description of customer
- (v) Details of ID offered (if shown)

The refusals book will be made available for inspection by responsible authorities on request.

Staff Training:

Any staff employed at the premises will receive training by the Designated Premises Supervisor on

first appointment and at least every three months thereafter. Training will include input on preventing underage sales, sales of alcohol to people who are drunk, application of the drugs policy and any other relevant matters. A written record will be kept of all training carried out. This record will be kept on the premises and made available for inspection by any responsible authority.

All staff employed at the premises will be trained to identify alcohol related harm and to provide brief advice and interventions as per National Institute of Clinical Excellence (NICE) guidance.

Proxy Notices:

The premise will display, in a prominent position, a notice or notices explaining that it is an offence for adults to purchase alcohol and then supply it to persons under 18.

Incident Book:

An incident book (with the pages numbered sequentially) will be kept on the premises and be made available for inspection by responsible authorities. The incident book will be used to record the following:

- (i) Any incident of violence or disorder on or immediately outside the premises**
- (ii) Any incident involving controlled drugs (supply/possession/influence) on the premises**
- (iii) Any other crime or criminal activity on the premises**
- (iv) Any refusal to serve alcohol to persons who are drunk (On sale and off sale premises only)**
- (v) Any refusal to serve alcohol to under 18's or anyone who appears to be under 18**
- (vi) Any call for police assistance to the premises**
- (vii) Any ejection from the premises**
- (viii) Any first aid/other care given to a customer**

Checklist:

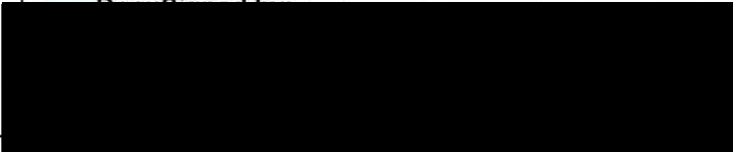
Please tick to indicate agreement

- 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. ✓

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	29-08-2023
Capacity	APPLICANT

For joint applications, 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.**

Signature	
Date	
Capacity	

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

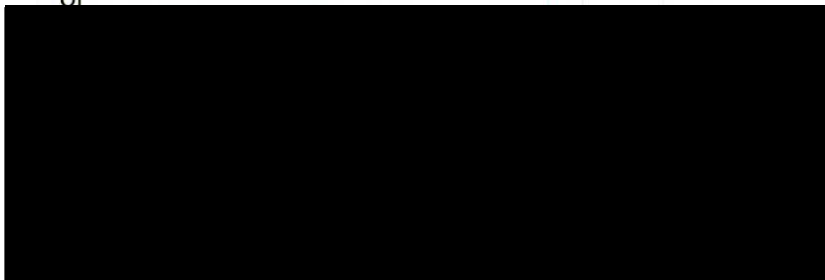
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example 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 (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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish 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 which 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 for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

ZANIAR IBRAHIM

| _____
[full name of prospective premises supervisor]

of



[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

PREMISES LICENSE

[type of application]

by

MUZAMMAL TAUFIQ

[name of applicant]

relating to a premises licence

N/A

[number of existing licence, if any]

for

**BOMBOLONI
4 FIVEWAYS PARADE
HAZEL GROVE
STOCKPORT
CHESHIRE
SK7 6DG
UNITED KINGDOM**

[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

MUZAMMAL TAUFIQ

[name of applicant]

concerning the supply of alcohol at

**BOMBOLONI
4 FIVEWAYS PARADE
HAZEL GROVE
STOCKPORT
SK7 6DG
UNITED KINGDOM**

[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

KUHPA2766

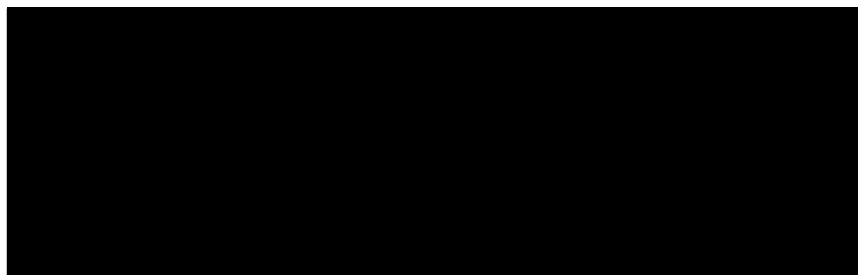
[insert personal licence number, if any]

Personal licence issuing authority

HULL CITY COUNCIL

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

Signed

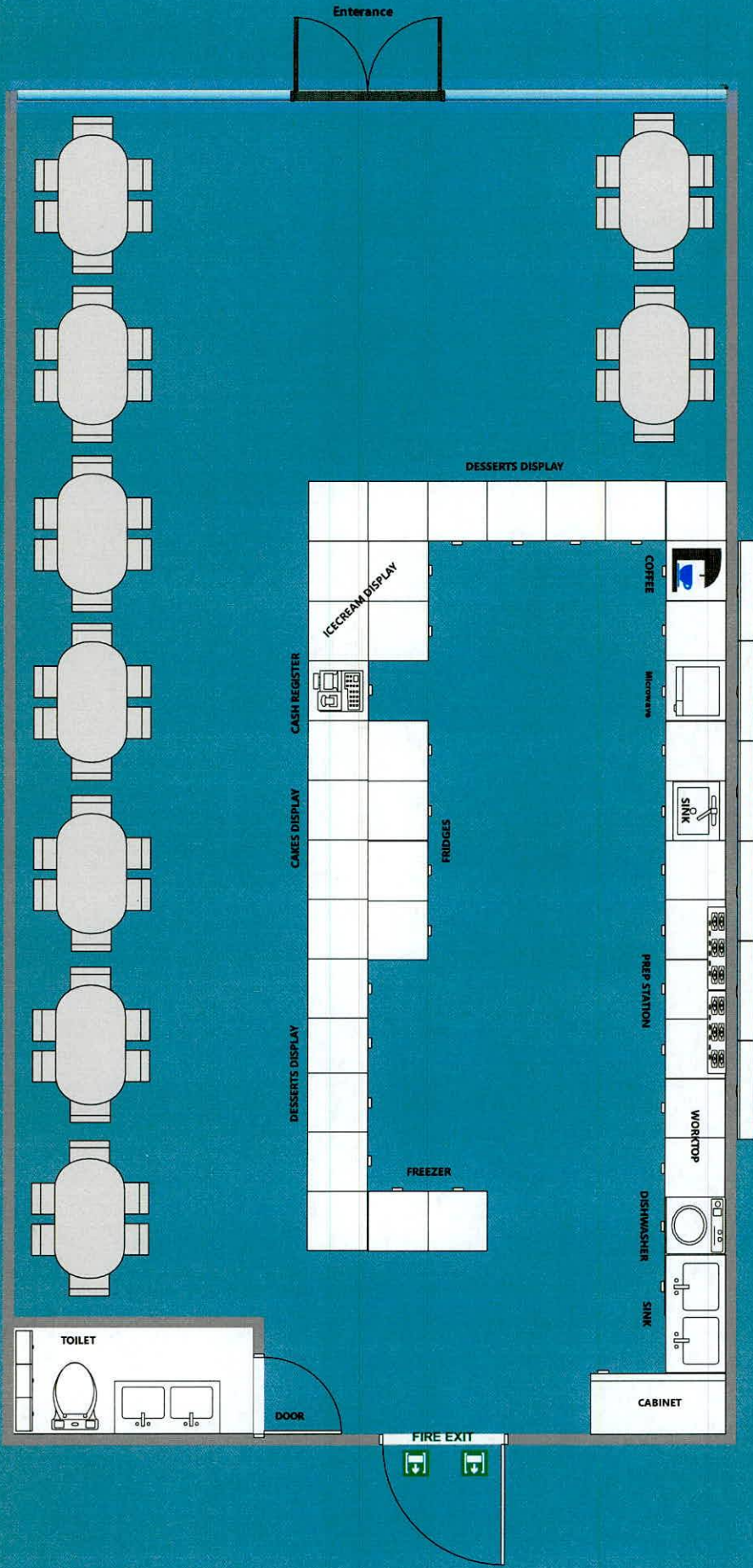


Name (please print)

ZANIAR IBRAHIM

Date

20-08-2023



...the first of these is the fact that the ...

...the second of these is the fact that the ...

...the third of these is the fact that the ...

...the fourth of these is the fact that the ...

...the fifth of these is the fact that the ...

...the sixth of these is the fact that the ...

...the seventh of these is the fact that the ...

...the eighth of these is the fact that the ...

...the ninth of these is the fact that the ...

...the tenth of these is the fact that the ...