

**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 DEBORAH CORNEY

(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>WAFFLIOUS (WEYMOUTH) LTD</u> <u>46 THE ESPLANADE</u>			
Post town	<u>WEYMOUTH</u>	Postcode	<u>DT4 8DH</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£ 9800</u>

**Part 2 - Applicant details**

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

**Please tick as**

- |  |   |
|--|---|
| 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 ☐ 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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)					

**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 over			I am 18 years old or <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 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	WAFELICIOUS (WEYMOUTH) LTD
Address	46 THE ESPLANADE WEYMOUTH DT4 8DH
Registered number (where applicable)	1309 8845

Description of applicant (for example, partnership, company, unincorporated association etc.)
LIMITED COMPANY
Telephone number (if any)
E-mail address (optional) eat@wafflers.co.uk

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	2023

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)

Ice cream parlour, serving ice cream, waffles, sundaes, milkshakes, tea, coffee, cakes and other desserts. Three internal spaces and seating on pavement directly outside

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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)

☐

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

☒

**In all cases complete boxes K, L and M**

F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors <input checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish			
Mon	11:00	23:00	<b>Please give further details here</b> (please read guidance note 4) Played via jukebox or electronic device through internal speakers		
Tue	11:00	23:00			
Wed	11:00	23:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) May finish earlier in the winter		
Thur	11:00	23:00			
Fri	11:00	23:00	<b>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</b> (please read guidance note 6)		
Sat	11:00	23:00			
Sun	11:00	23:00			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	11:00	23:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00			
Fri	11:00	23:00	<b>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</b> (please read guidance note 6)		
Sat	11:00	23:00			
Sun	11:00	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	HAYDEN CORNEY
Date of birth	25 / 11 / 2003
Address	46 THE ESPLANADE WEYMOUTH
Postcode	DT4 8DH

Personal licence number (if known)

WPPA2106

Issuing licensing authority (if known)

BTIAB

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).

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
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

**State any seasonal variations** (please read guidance note 5)

May close earlier in the winter months.

**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)



Sat	11:00	23:00	
Sun	11:00	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)

All Staff trained on the 4 licensing objectives and procedures in place to promote them. There will be a booking system to lessen walk ins just wanting alcohol in which food is provided. Deals to include food and drink to lessen binge drinking. Soft drinks + free water provided.

b) The prevention of crime and disorder

CCTV put in place as deterrent + staff trained to know when a situation gets out of hand and police needed. Not open too late to attract heavy drinkers. All alcohol locked <sup>when closed</sup> and supervised whilst customers are in. Also locked when closed. Put in challenge 25. Toilets and outside areas checked when possible.

c) Public safety

All glass kept within premises. Fire exits checked and kept clear regularly. First aid pack easily accessible and all staff over 18 trained adequately on First Aid and when to call emergency services.

d) The prevention of public nuisance

Music Turned off after 11pm + Close at 11pm.  
 Areas outside checked for litter and any glass.  
 No very loud music or music played outside.  
 No bright external lights.

e) The protection of children from harm

All staff ~~checked~~ <sup>trained</sup> on ID checks and children to be accompanied by an adult in top parlour and no children permitted after 9pm where alcohol is served. Alcoholic drinks served in different style glasses to soft drinks.

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 or my share code issued by the Home Office online right to work checking service (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)

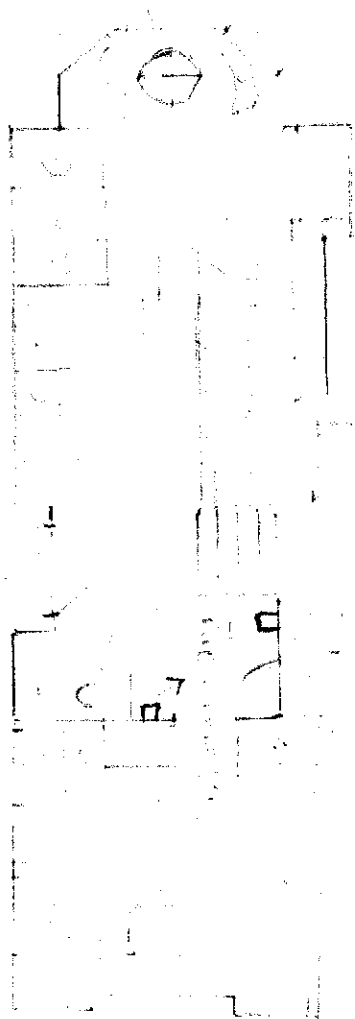
**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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, 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 15)</li> </ul>
Signature	
Date	23/10/2023
Capacity	DIRECTOR

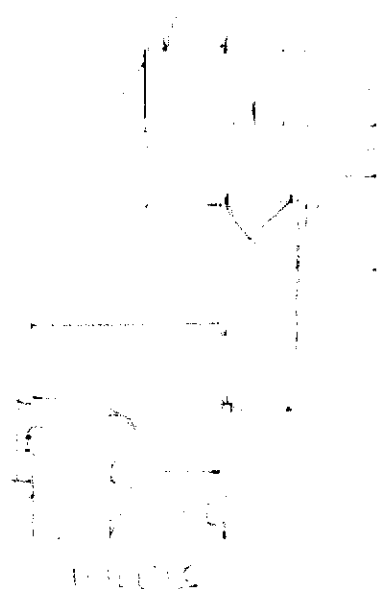
**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

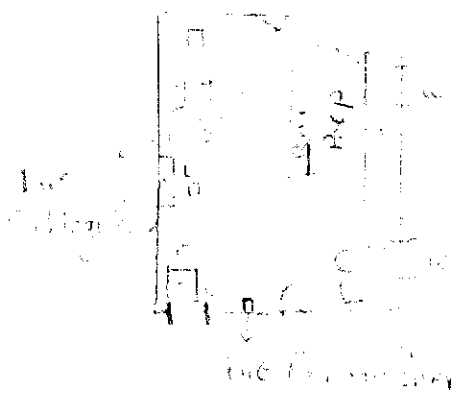
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



10. 100



10. 100



10. 100

**Consent of individual to being specified as premises supervisor**

I HAYDEN SEBASTIAN CORNEY  
[full name of prospective premises supervisor]

of 46 THE ESPLANADE  
WEYMOUTH  
DT4 8DH  
DORSET

[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

SUPPLY OF ALCOHOL

[type of application]

by

DEBORAH CORNEY  
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for WAPFLICIOUS  
46 THE ESPLANADE  
WEYMOUTH  
DT4 8DH

[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

DEBORAH CORNEY

[name of applicant]

concerning the supply of alcohol at

WAFFLIFICIOUS  
46 THE ESPLANADE  
WEXMOUTH  
DT4 8DH

[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

WPPA 2106

[insert personal licence number, if any]

Personal licence issuing authority

DORSET COUNCIL

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

LICENSING TEAM DORCHESTER  
PLACES SERVICES DT1 1XJ  
DORSET COUNCIL  
COUNTY HALL COLLINGTON PARK

Signed

Name (please print)

HAYDEN SEBASTIAN CORNEY

Date

26/10/2023