

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 EBENE 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 SONDER COFFEE 48 HIGH STREET WIMBORNE			
Post town	WIMBORNE	Postcode	BH21 1HT

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 18,500

Part 2 - Applicant details

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

a)	an individual or individuals *		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)	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 (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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
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 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
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 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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	EBON V PAZ (OWNER) EBENE LTD (COMPANY NAME)
Address	EBENE LTD BEECH COTTAGE, 6 WITCHAMPTON MILL WIMBORNE BH21 5DE

Registered number (where applicable)	13119812
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start? DD MM YYYY
 01 04 2024

If you wish the licence to be valid only for a limited period, when do you want it to end? DD MM YYYY
 N/A

Please give a general description of the premises (please read guidance note 1)
 THREE STOREY LISTED BUILDING OPERATING AS A COFFEE SHOP AND A CO-WORKING SPACE.

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

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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	✓

In all cases complete boxes K, L and M

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			INDOORS	Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) LIVE MUSIC WILL BE ONLY FOR SPECIAL EVENTS + A SMALL SET UP.		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	12:00	22:00			
Fri	12:00	23:30	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 6)		
Sat	12:00	23:30			
Sun	12:00	21:00			

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"/>
Day	Start	Finis h		Outdoors	<input type="checkbox"/>
Mon	9:30	21:30	Please give further details here (please read guidance note 4) BACKGROUND MUSIC	Both	<input type="checkbox"/>
Tue	9:30	21:30		ONLY FOR PLANNED LATE EVENINGS OTHERWISE ONLY DAY TIMES WITH COFFEE SHOPS NORMAL HOURS	
Wed	9:30	21:30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	9:30	21:30			
Fri	9:30	23:30	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)		
Sat	9:30	23:30			
Sun	9:30	23:30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8) ON SITE CONSUMPTION CANNED SEALED DRINKS TO BUY ON SITE + TAKEAWAY	On the premises <input checked="" type="checkbox"/>
Day	Start	Finis h		Off the premises <input type="checkbox"/>
Mon	12:00	21:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both <input checked="" type="checkbox"/>
Tue	12:00	21:00		
Wed	12:00	21:00		
Thur	12:00	21:00		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)
Fri	12:00	23:00		
Sat	12:00	23:00		
Sun	12:00	20:30		

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	EBONY ROSE PAZ
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	181001571PERS-N
Issuing licensing authority (if known)	[REDACTED]

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)

NO INTENTION FOR DRINKS PROMOTIONS
WILL BE PRICED HIGHER THAN STANDARD MARKET, TO NOT ENCOURAGE DRINKING IN VOLUME
FOOD AVAILABLE ON SITE

b) The prevention of crime and disorder

ENGAGE WITH LOCAL PUBWATCH.
ENSURE ANY EVENTS FINISH BEFORE LICENSE FINISH TIMES.
TRAIN OUR TEAM TO DEAL + HAVE AWARENESS WITH DRUNK + AGGRESSIVE BEHAVIOUR

c) Public safety

ALL TEAM TRAINED ON SIGNS OF INTOXICATION
RECORD ALL INCIDENTS + REFUSAL LOGS, COMMUNICATION WITH THE REST OF THE TOWN IF NEEDED

d) The prevention of public nuisance

ALL TEAM TRAINED ON INTOXICATION.
RECORD OF ANY INCIDENTS + COMMUNICATION WITH THE REST OF THE TOWN IF NEEDED

e) The protection of children from harm

CHALLENGE 25 POLICY IN PLACE.
 PROXY SAFE POLICY IN PLACE.
 ALL TEAM TRAINED ON THE ABOVE + RECORD
 KEPT OF ANY INCIDENTS.
 [Signature]

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.**

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
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> 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
Signature	[REDACTED]
Date	[REDACTED] 11/03/24
Capacity	OWNER OF EBENE LTD

X

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	[REDACTED]
Date	11/03/24
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