

§ **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 CONSTANCE ROSE BOOTH

*(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			
UNIT 101, ST MICHAEL'S TRADING ESTATE			
Post town	BRIDPORT	Postcode	DT63RR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ NONE - SBRR

**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       | <input type="checkbox"/>            | please complete section (B) |
| f) | a health service body                                | <input type="checkbox"/>            | 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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> BOOTH			<b>First names</b> CONSTANCE		
<b>Date of birth</b> I am 18 years old or over <input checked="" 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)	
<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>			
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
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

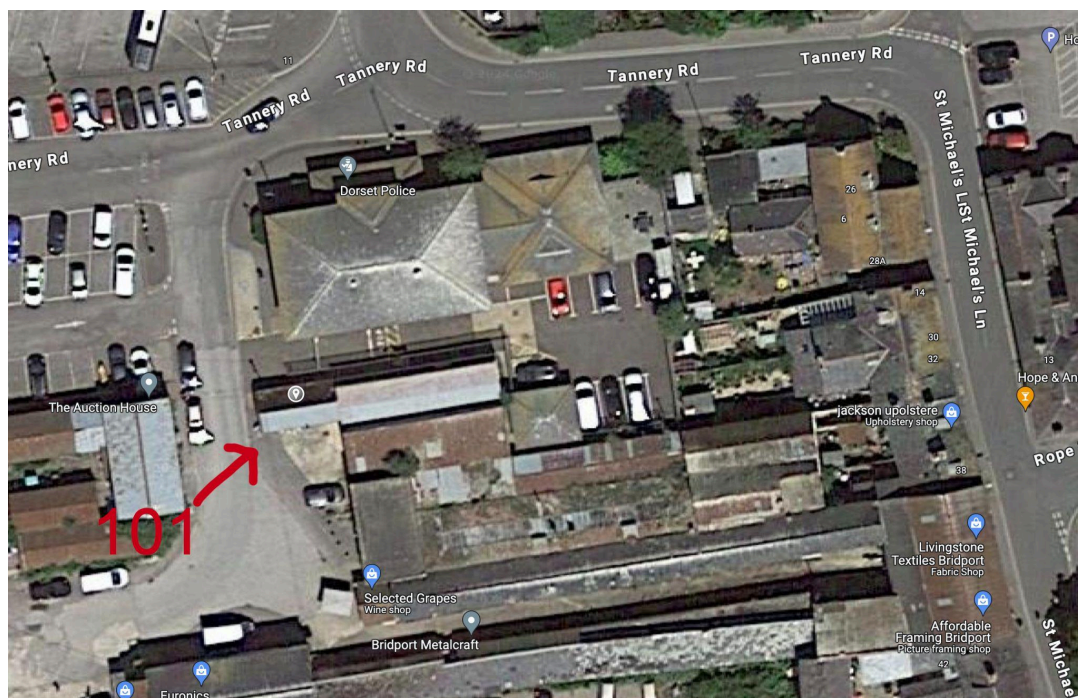
When do you want the premises licence to start?

DD	MM	YYYY
0	1	0 8 2 0 2 4

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

DD	MM	YYYY

The premises is a small former light industrial unit located on St Micheal's Trading Estate. It is a single story, red brick, 450 sq ft building with a pitched roof. The main bar and restaurant area is open plan with an open plan kitchen to the rear. Immediately outside the premises will be a handful of small tables, chairs and beautiful plant pots.



Our nearest residential neighbour is approximately 300ft away, as the crow flies.

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 type="checkbox"/> |

- 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) X

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)	On the premises	X
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)  None.		
Mon	12:00	23:00			
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	23:00			
			<b><u>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</u></b> (please read guidance note 6)  None.		
Fri	12:00	00:00			
Sat	12:00	00:00			
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		CONSTANCE BOOTH	
Date of birth		[REDACTED]	
Address			
[REDACTED]			
Postcode		[REDACTED]	
Personal licence number (if known)		603 / 2597 / 5	
Issuing licensing authority (if known)			
WEST DORSET			

**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**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	12:00	23:00	<b><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></b> (please read guidance note 6)  101 is a dual purpose space. It will operate as our florist's studio during the day, with the option of opening as a small artisanal restaurant / bar in the evening as well as possibly on the weekend during mid morning / lunch.  Initially we plan to open as a restaurant / bar only once a week - on Friday evenings. However we are keen to have the flexibility to choose which day of the week this might happen as well as the option to open more regularly.  This is very much a project in its infant stage. It is due to run as a pop up, alongside other projects and businesses - the florists mainly. During these early stages flexibility will be key for its success.
Tue	12:00	23:00	
Wed	12:00	23:00	
Thur	12:00	23:00	
Fri	12:00	00:00	
Sat	08:00	00:00	
Sun	08:00	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)**

I, the premises licence holder, any supervisor on site in my absence and all staff employed will be fully trained in and implement all of the below.

**b) The prevention of crime and disorder**

We will implement zero tolerance policies on drugs, crime and anti-social disorderly behaviour. Anyone seen to be in breach of our policies will be ejected, barred and reported to the police. It is perhaps worth noting that we are situated directly behind the police station, which should help to discourage any such activities taking place.

**c) Public safety**

**Overcrowding**

- We will limit numbers on site to avoid overcrowding, setting ourselves a strict capacity limit.

**Fire Safety**

- Our premises will comply with all fire safety regulations and safety controls.
- We will undertake a rigorous fire safety inspection from a certified third party and implement a fire safety strategy in case of fire on site.

**First Aid**

- We will have first aid equipment on site and contact the relevant authorities if and when anyone should need medical care.
- We will also undertake basic first aid training.

**Food Safety**

- Our premises will comply with all food safety and hygiene regulations.

**Disabled Facilities**

- We will endeavour to provide full service to assist or enable disabled people to use our premises.

**Health and Safety**

- We will undertake a full health and safety risk assessment from a certified third party inspector, then prepare and implement a rigorous health and safety policy.

**Overheating**

- We will always endeavour to make the environment as comfortable as possible by regulating and controlling all aspects of ventilation, temperature and humidity.



d) The prevention of public nuisance

We will manage all aspects of litter and noise & light pollution sensitively and thoroughly.

Noise

- Manage customer behaviour.
- Control music levels to create a suitable ambience.
- Empty bins at a reasonable hour.

Threats to community safety

- Manage customer behaviour.
- Implement zero drugs and antisocial behaviour policies.

Rubbish & Litter

- We will regularly sweep outside and manage litter sensibly.
- We will keep rubbish bins and glass refuse at the rear of the premises, away from public access.
- We will not empty bottles, bins and rubbish between 11pm and 7am.
- We will put a bin outside the entrance of the premises.

Odour

- All food waste, spillages and such will be disposed of regularly and appropriately.
- Any kitchen smells will be extracted and ventilated out through the roof in an appropriate manner.

Smoke

- Any smoke from cooking will be extracted and ventilated out through the roof in an appropriate manner.
- Cigarettes and such will be smoked outside and away from the public spaces.

Lights

- Lighting will be low, ambient, tasteful and non-intrusive.

e) The protection of children from harm

- We will always implement the challenge 21 scheme and ask for proof of age.
- Children will only be allowed supervision of a guardian or parent.

Checklist:

**Please tick to indicate agreement**

- |   |   |
|---|---|
| ■ I have made or enclosed payment of the fee.   | X |
| ■ I have enclosed the plan of the premises.   | X |
| ■ I have sent copies of this application and the plan to responsible authorities and others where applicable. | X |

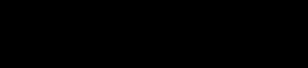
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [Applicable to 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). X

**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>	<p>✓ [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).</p> <p>✓ 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)</p>
Signature	
Date	31 / 07 / 2024
Capacity	Applicant

**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)			

*The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity. If fraud is detected, you could be refused certain services, finances or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found at [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn)*