

**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 **JOHN CANDY**

*(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<br><b>LAKESIDE KITCHEN,<br/>MANOR FARM,<br/>TODBER</b> |                    |                 |                 |
| <b>Post town</b>  | Sturminster Newton | <b>Postcode</b> | <b>DT10 1JB</b> |

|   |                          |
|---|--------------------------|
| Telephone number at premises (if any)   | ██████████               |
| Non-domestic rateable value of premises | <b>CATEGORY C - £315</b> |

**Part 2 - Applicant details**

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

**Please tick as**

a) an individual or individuals \*

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ed.** please complete section (A)

- b) a person other than an individual \*
- i as a limited company/limited liability partnership  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

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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) |  |
| <b>Surname</b>                         |                              |                               | <b>First names</b>          |                                |  |
| <b>Date of birth</b>                   |                              | I am 18 years old or over     |                             | Please tick yes                |  |
| <b>Nationality British</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 over</b>   |                              | I am 18 years old or          |                             | <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                      |                             |                                |                 |
| <b>Daytime contact telephone number</b>   |                              |                               |                             |                                |                 |
| <b>E-mail address (optional)</b>  |                              |                               |                             |                                |                 |

**(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<br>LAKESIDE KITCHEN   |
| Address<br>LAKESIDE KITCHEN,<br>MANOR FARM,<br>TODBER,<br>STURMINSTER NEWTON,<br>DT10 1JB                    |
| Registered number (where applicable)   |
| Description of applicant (for example, partnership, company, unincorporated association etc.)<br>PARTNERSHIP |
| Telephone number (if any)<br>██████████  |
| E-mail address (optional)<br>██  |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

|     |     |         |
|-----|-----|---------|
| DD  | MM  | YYYY    |
| 0 1 | 0 6 | 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 |
|    |    |      |

Please give a general description of the premises (please read guidance note 1)  
 THE PREMISES IS A CAFE/RESTAURANT/MEETING SPACE BUILT ON THE SITE OF TODBER MANOR FISHERIES. THE AIM IS TO SERVICE THE CUSTOMERS OF THE FISHERIES AS WELL AS LOCAL AND VISITING TRADE. EVENING USE WILL PRIMARILY INVOLVE HOSTING LOCAL SKITTLES TEAMS. THERE IS SOME SCOPE TO USE THE PREMISES FOR PRIVATE FUNCTIONS ONCE IT IS UP AND RUNNING.

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)
- 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)

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**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**

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**A**

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|---|-------|--------|---|--|----------|--------------------------|---|--|--|--|
| <b>Plays</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of a play take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3) |  | Indoors  | <input type="checkbox"/> |   |  |  |  |
|   |       |        |   |  | Outdoors | <input type="checkbox"/> |   |  |  |  |
|   |       |        |   |  | Both     | <input type="checkbox"/> |   |  |  |  |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)  |  |          |                          |   |  |  |  |
| Mon   |       |        |   |  |          |                          |   |  |  |  |
|   |       |        |   |  |          |                          |   |  |  |  |
| Tue   |       |        |   |  |          |                          |   |  |  |  |
|   |       |        |   |  |          |                          |   |  |  |  |
| Wed   |       |        |   |  |          |                          | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)  |  |  |  |
|   |       |        |   |  |          |                          |   |  |  |  |
| Thur  |       |        |   |  |          |                          |   |  |  |  |
|   |       |        |   |  |          |                          |   |  |  |  |
| Fri   |       |        |   |  |          |                          | <b><u>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</u></b> (please read guidance note 6) |  |  |  |
|   |       |        |   |  |          |                          |   |  |  |  |
| Sat   |       |        |   |  |          |                          |   |  |  |  |
| Sun   |       |        |   |  |          |                          |   |  |  |  |

**B**

|   |       |        |  |  |          |                          |
|---|-------|--------|--|--|----------|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)  |  | Indoors  | <input type="checkbox"/> |
|   |       |        |  |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  |  | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)   |  |          |                          |
| Mon   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Tue   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Wed   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Thur  |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
|   |       |        | <b><u>State any seasonal variations for the exhibition of films</u></b><br>(please read guidance note 5)   |  |          |                          |
|   |       |        | <b><u>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</u></b> (please read guidance note 6) |  |          |                          |
| Fri   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Sat   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Sun   |       |        |  |  |          |                          |
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C

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|--|-------|--------|--|
| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Please give further details</b> (please read guidance note 4)   |
| Day  | Start | Finish |  |
| Mon  |       |        | <b>State any seasonal variations for indoor sporting events</b><br>(please read guidance note 5)   |
|  |       |        |  |
| Tue  |       |        | <b>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</b> (please read guidance note 6) |
|  |       |        |  |
| Wed  |       |        |  |
|  |       |        |  |
| Thur   |       |        |  |
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| Fri  |       |        |  |
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D

| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors   | <input type="checkbox"/> |
|--|-------|--------|---|---|--------------------------|
| Day  | Start | Finish |   | Outdoors  | <input type="checkbox"/> |
|  |       |        |   | Both  | <input type="checkbox"/> |
| Mon  |       |        |   | <b>Please give further details here</b> (please read guidance note 4) |                          |
|  |       |        |   |   |                          |
| Tue  |       |        |   |   |                          |
|  |       |        |   |   |                          |
| Wed  |       |        | <b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)  |   |                          |
|  |       |        |   |   |                          |
| Thur   |       |        |   |   |                          |
|  |       |        |   |   |                          |
| Fri  |       |        | <b>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</b> (please read guidance note 6) |   |                          |
|  |       |        |   |   |                          |
| Sat  |       |        |   |   |                          |
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| Sun  |       |        |   |   |                          |
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**E**

| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  |  | Indoors  | <input type="checkbox"/>  |
|--|-------|--------|---|--|----------|---|
|  |       |        |   |  | Outdoors | <input type="checkbox"/>  |
|  |       |        |   |  | Both     | <input checked="" type="checkbox"/><br><input type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)   |  |          |   |
| Mon  |       |        |   |  |          |   |
|  |       |        |   |  |          |   |
| Tue  |       |        |   |  |          |   |
|  |       |        | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  |  |          |   |
| Wed  |       |        |   |  |          |   |
|  |       |        |   |  |          |   |
| Thur   |       |        |   |  |          |   |
|  |       |        | <b>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</b> (please read guidance note 6) |  |          |   |
| Fri  |       |        |   |  |          |   |
|  |       |        |   |  |          |   |
| Sat  |       |        |   |  |          |   |
|  |       |        |   |  |          |   |
| Sun  |       |        |   |  |          |   |

F

| <b>Recorded music</b><br>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 type="checkbox"/>  |
|--|-------|--------|--|--|----------|---|
|  |       |        |  |  | Outdoors | <input type="checkbox"/>  |
|  |       |        |  |  | Both     | <input checked="" type="checkbox"/><br><input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)   |  |          |   |
| Mon  |       |        |  |  |          |   |
| Tue  |       |        | <b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)  |  |          |   |
| Wed  |       |        |  |  |          |   |
| Thur   |       |        | <b><u>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</u></b> (please read guidance note 6) |  |          |   |
| Fri  |       |        |  |  |          |   |
| Sat  |       |        |  |  |          |   |
| Sun  |       |        |  |  |          |   |

**G**

|   |       |        |  |          |                          |   |  |  |
|---|-------|--------|--|----------|--------------------------|---|--|--|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of dance take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3) | Indoors  | <input type="checkbox"/> |   |  |  |
|   |       |        |  | Outdoors | <input type="checkbox"/> |   |  |  |
|   |       |        |  | Both     | <input type="checkbox"/> |   |  |  |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)   |          |                          |   |  |  |
| Mon   |       |        |  |          |                          |   |  |  |
|   |       |        |  |          |                          |   |  |  |
| Tue   |       |        |  |          |                          |   |  |  |
|   |       |        |  |          |                          |   |  |  |
| Wed   |       |        |  |          |                          | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 5)   |  |  |
|   |       |        |  |          |                          |   |  |  |
| Thur  |       |        |  |          |                          |   |  |  |
|   |       |        |  |          |                          |   |  |  |
| Fri   |       |        |  |          |                          | <b><u>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</u></b> (please read guidance note 6) |  |  |
|   |       |        |  |          |                          |   |  |  |
| Sat   |       |        |  |          |                          |   |  |  |
|   |       |        |  |          |                          |   |  |  |
| Sun   |       |        |  |          |                          |   |  |  |
|   |       |        |  |          |                          |   |  |  |

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|--|-------|--------|---|----------|--------------------------|
| <p><b>Anything of a similar description to that falling within (e), (f) or (g)</b><br/>Standard days and timings (please read guidance note 7)</p> |       |        | <p>Please give a description of the type of entertainment you will be providing</p>   |          |                          |
| Day  | Start | Finish | <p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)</p>   | Indoors  | <input type="checkbox"/> |
| Mon  |       |        |   | Outdoors | <input type="checkbox"/> |
|  |       |        |   | Both     | <input type="checkbox"/> |
| Tue  |       |        | <p><b><u>Please give further details here</u></b> (please read guidance note 4)</p>   |          |                          |
|  |       |        |   |          |                          |
| Wed  |       |        |   |          |                          |
| Thur   |       |        | <p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)</p>  |          |                          |
|  |       |        |   |          |                          |
| Fri  |       |        |   |          |                          |
| Sat  |       |        | <p><b><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></b> (please read guidance note 6)</p> |          |                          |
| Sun  |       |        |   |          |                          |

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|--|-------|--------|---|----------|-------------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/>      |
|  |       |        |   | Outdoors | <input type="checkbox"/>      |
|  |       |        |   | Both     | X<br><input type="checkbox"/> |
|  |       |        |   |          |                               |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)  |          |                               |
| Mon  |       |        |   |          |                               |
| Tue  |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)   |          |                               |
| Wed  |       |        |   |          |                               |
| Thur   |       |        | <b><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></b> (please read guidance note 6) |          |                               |
| Fri  |       |        |   |          |                               |
| Sat  |       |        |   |          |                               |
| Sun  |       |        |   |          |                               |

J

| <b>Supply of alcohol</b><br>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)<br>DURING THE SUMMER MONTHS WE ANTICIPATE THAT SOME CUSTOMERS WHO ARE USING THE RESTAURANT AND THE FISHERIES MAY WISH TO RETURN TO THEIR CHOSEN LAKE WITH A DRINK PURCHASED FROM US.                   | On the premises  | <input type="checkbox"/>      |
|---|-------|--------|---|------------------|-------------------------------|
|   |       |        |   | Off the premises | <input type="checkbox"/>      |
|   |       |        |   | Both             | X<br><input type="checkbox"/> |
| Day   | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)<br><br><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) |                  |                               |
| Mon   | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Tue   | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Wed   | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Thur  | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Fri   | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Sat   | 08:00 | 23:00  |   |                  |                               |
|   |       |        |   |                  |                               |
| Sun   | 08:00 | 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):

|   |            |
|---|------------|
| <b>Name</b> MICHAEL SPICE                             |            |
| <b>Date of birth</b> [REDACTED]                       |            |
| [REDACTED]  |            |
| [REDACTED]  |            |
| [REDACTED]  |            |
| [REDACTED]  |            |
| <b>Postcode</b>                                       | [REDACTED] |
| <b>Personal licence number (if known)</b><br>NDPA1225 |            |



**Issuing licensing authority (if known)**  
DORSET 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).

**L**

|   |       |        |  |   |
|---|-------|--------|--|---|
| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>State any seasonal variations</b> (please read guidance note 5) |   |
| Day   | Start | Finish |  |   |
| Mon   | 07:30 | 23:00  |  |   |
|   |       |        |  |   |
| Tue   | 07:30 | 23:00  |  |   |
|   |       |        |  |   |
| Wed   | 07:30 | 23:00  |  |   |
|   |       |        |  |   |
| Thur  | 07:30 | 23:00  |  | <b>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</b> (please read guidance note 6) |
|   |       |        |  |   |
| Fri   | 07:30 | 23:00  |  |   |
|   |       |        |  |   |
| Sat   | 07:30 | 23:00  |  |   |
|   |       |        |  |   |

|     |       |       |  |
|-----|-------|-------|--|
|     |       |       |  |
| Sun | 07:30 | 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)

THE LICENSE HOLDER (JOHN CANDY) AND DESIGNATED PREMISES SUPERVISOR (MICHAEL SPICE) WILL ENSURE THAT THE LICENSING OBJECTIVES ARE PART OF STAFF TRAINING AND POLICY MAKING WITH ANY MANAGERS APPOINTED AND THEIR STAFF TEAM.  
STAFF WILL BE TRAINED IN THEIR RESPONSIBILITY TO ENSURE THAT DRUNKEN AND DISORDELY CONDUCT DOES NOT TAKE PLACE AND WILL NOT BE TOLERATED, AS WELL ENSURING THERE ARE NO SALES TO UNDERAGE PERSONS.  
A LOG OF TRAINING AND TRAINING REFRESHERS WILL BE KEPT.

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

CCTV WILL BE INSTALLED THROUGHOUT THE BUILDING;

- CAMERAS WILL BE SITUATED TO CAPTURE PEOPLE ON BOTH ENTRANCE AND EXIT TO THE BUILDING, CCTV CAMERAS ARE ALSO SITUATED AROUND THE PREMISES FOR SECURITY OF THE FISHERIES.
- CAMERAS WILL INSTALLED UNDER THE RECCOMENDATION OF WESSEX FIRE AND SECURITY.
- POLICE WILL HAVE ACCESS TO ANY IMAGES REQUESTED OR REQUIRED AT ANY TIME.

**c) Public safety**

WESSEX FIRE AND SECURITY WILL OVERSEE THE INSTALLATION OF FIRE SAFETY EQUIPMENT IN THE RESTAURANT, KITCHEN AND OUTSIDE AREAS. CHARLESTON HOMES (THE BUILDER) WILL HAVE A FIRE SAFETY PLAN WRITTEN OUT AS PART OF THE BUILDING REGULATIONS FOR A NEW BUILD. ALL EMERGENCY EXITS WILL BE KEPT FREE FROM OBSTRUCTION AT ALL TIMES, AS PER THE FIRE SAFETY PLAN/POLICY

**d) The prevention of public nuisance**

ALL CUSTOMERS WILL BE ASKED TO LEAVE QUIETLY. CLEAR NOTICES WILL BE SHOWN AROUND THE PROPERTY AND ON EXITS TO REQUEST THAT CUSTOMERS LEAVE QUIETLY. THE PROPERTY DOES NOT OUTLET INTO A RESIDENTIAL AREA.

**e) The protection of children from harm**

THE RESTAURANT WILL OPERATE A CHALLENGE 25 POLICY TO SEEK ID FROM CUSTOMERS THAT ARE SUSPECTED TO BE UNDER THE AGE OF 25. TRAINING AND ADVICE WILL BE GIVEN ON THIS, TO ENSURE THAT STAFF KNOW A SUITABLE FORM OF ID.  
 ALL STAFF WILL RECEIVE UNDERAGE SALES PREVENTION TRAINING ON A REGULAR BASIS.  
 A REGISTER OF REFUSALS WILL BE MAINTAINED IN THE BAR/KITCHEN.

**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.**

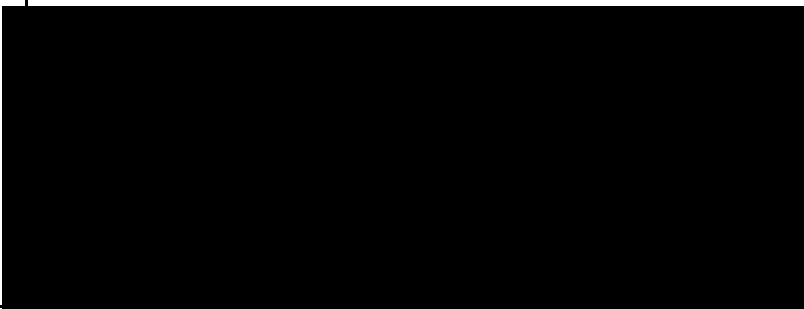
**Part 4 – Signatures** (please read guidance note 11)

**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</li> </ul> |
|--------------------|---|

|           |   |
|-----------|---|
|           | <p>if I cease to be entitled to live and work in the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> <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      | 01/04/2024  |
| Capacity  | PARTNER - LAKESIDE KITCHEN  |

**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      | 01/04/2024   |
| Capacity  | DESIGNATED PREMISES SUPERVISOR   |

|   |  |          |  |
|---|--|----------|--|
| 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)   |  |          |  |

