

APPENDIX A

Ribble Valley Borough Council, Council Offices, Church Walk, Clitheroe, Lancashire BB7 2RA

SEP 2015

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 Kristan Dewell
(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			
Artisan Cafe The National Autistic Society Whalley Abbey The Sands Whalley, BB7 9SS			
Post town	Whalley	Postcode	BB7 9SS
Telephone number at premises (if any)		01254 828937	
Non-domestic rateable value of premises		£1035.30	

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 | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname DEWELL			First names Kristan Jane		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

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
01	09	2015

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)

In the grounds of Whalley Abbey: - Cafe, kitchen and gift shop "Artisan" ran by The National Autistic Society.

Fire Safety equipment - Fire blanket in the kitchen. Fire extinguisher at the entrance to the cafe.

Area shown in plan. Alcohol to be sold on cafe premises for consumption in the cafe and immediate outside area at the front of the cafe and car park area.

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	
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)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Tue					
			<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> (please read guidance note 5)		
Wed					
Thur					
Fri					
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
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"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon			Plan to hold events. Bands and musicians to showcase talent at planned events.	
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				
Fri			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)	
Sat			One off events. Approx 4 Per year.	
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	10:00	15:00	Please give further details here (please read guidance note 3) music played during Cafe opening hours		
Tue	10:00	15:00			
Wed	10:00	15:00			
Thur	10:00	15:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Fri	10:00	10:00	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). Any functions booked in evening in the form of private parties.		
Sat	10:00	00:00			
Sun	10:00	17:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Thur						
Fri			<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> (please read guidance note 5)			
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Thur						
Fri						
Sat			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 (please read guidance note 5)			
Sun						

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"/>
			With lunches in the cafe and for private parties. To be sold for consumption with picnics on the grounds.	Off the premises <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both <input checked="" type="checkbox"/>
Mon	10:00	15:00		
Tue	10:00	15:00		May extend opening hours in summer
Wed	10:00	15:00		
Thur	10:00	15:00		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)
Fri	10:00	00:00		For private bookings / parties / occasions and theme nights in evenings and weekends. Would like to serve until 12am for private parties.
Sat	10:00	00:00		
Sun	10:00	00:00		

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

Name	Kristan Jane Dewell
Address	[REDACTED] [REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	HYPA0092
Issuing licensing authority (if known)	HYNOBURN BOROUGH 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).

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	
Mon	10:00	15:00	May extend opening hours in Summer.
Tue	10:00	15:00	
Wed	10:00	15:00	
Thur	10:00	15:00	
Fri	10:00	15:00	
Sat	10:00	17:00	
Sun	10:00	17:00	
			<p>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 5)</p> <p>Private functions in evenings & themed organised events.</p>

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)

• Train staff and ensure they understand the licence and laws for the supply of alcohol & license act
• Ensure age checks are carried out (signs to be displayed to minimise offence caused. challenge 25
• Vigilance in preventing the use of drugs
• No drunk & disorderly people/behavior on the premises area
Promote the objectives by operating business within license Schedules

b) The prevention of crime and disorder

Notice of normal hours under the terms of the licence displayed
Notice displayed warning of tolerance (zero) to criminal activity (theft) or threatening behavior.
No selling alcohol to drunk or intoxicated customers
Staff trained in asking customers in orderly & respectful manner

c) Public safety

Internal & External lighting fixed.
Health & Safety checks done daily. Risk assessments on site and updated regularly.
Underage "challenge 25" ID checks.
Premises, fixtures and fittings, lighting, Heating, electrical and other installations will be maintained at all times and in a safe condition

d) The prevention of public nuisance

Prominent, clear notices will be displayed requesting guests respect the needs of nearby residents and leave the premises and the area quietly.
Customers will not be permitted outside licensed hours.
Adequate waste bins provided in the local vicinity.

e) The protection of children from harm

Challenge 25" - Ask for ID for anyone who looks under 25 and display signs
 Staff trained in when to ask and how to check ID
 Staff to be vigilant in checking children attending parties are safe and well.

Checklist:

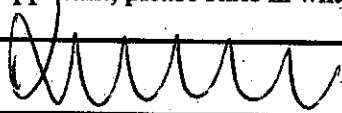
Please tick to indicate agreement

- 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	25.8.15
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.



Ribble Valley
Borough Council
www.ribblevalley.gov.uk

RIBBLE VALLEY BOROUGH COUNCIL
Council Offices, Church Walk, Clitheroe, Lancashire BB7 2RA

Consent of individual to being specified as premises supervisor

I KRISTAN JANE DEWELL
[full name of prospective premises supervisor]

of [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[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

ALCOHOL PREMISES LICENCE
[type of application]

by KRISTAN DEWELL
[name of applicant]

relating to a premises licence [number of existing licence, if any]

for AUTISON CAFE
WHALLEY ABBEY
THE SANDS
WHALLEY
BB7 9SS
[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

KRISTAN DEWELL
[name of applicant]

concerning the supply of alcohol at

AUTISAN CAFE
WHALLEY ABBEY
THE SANDS
WHALLEY
BB7 9SS

[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.

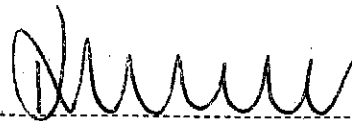
Personal licence number

HYPA0092
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

KRISTAN DEWELL

Date

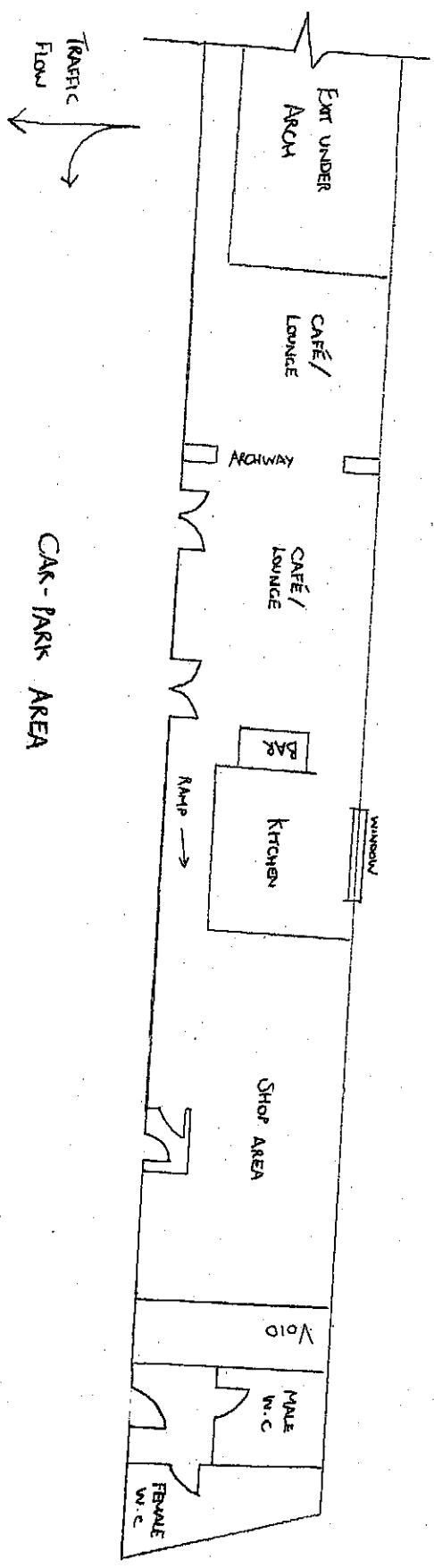
25/8/15

THE NATIONAL ARTISTIC SOCIETY

WHALLEY ABBEY

SCALE 1:200

(REFER TO HIGHLIGHTED AREA ON LOCATION PLAN FOR MORE INFO.)



Details entered: 16 May 2008 at 14:20 by catherine
 Date requested:
 Date received: 24/04/08
 Appointment date:
 Result:
 Name:
 Date commences:

Reason: Variation
 Appointment time:
 Result Date:
 Number:
 Date expires:

Notes:

Legal Services Department

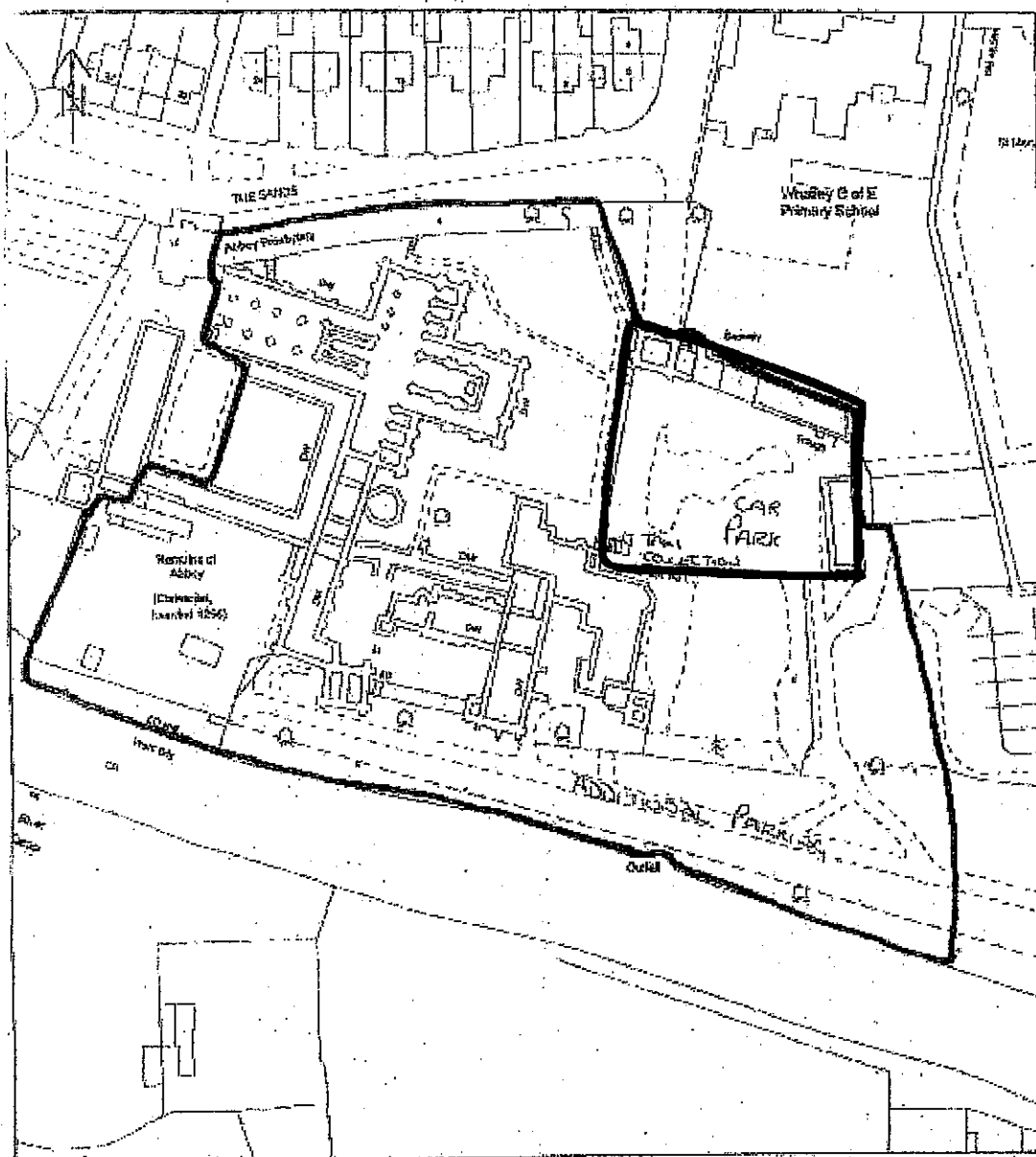
Council Offices, Church Walk, Clitheroe, Lancs., BB7 2RA
 Tel: (01200) 425111 Fax: (01200) 414468 DX: Clitheroe 15157



RIBBLE VALLEY
BOROUGH COUNCIL

Location Plan

Map Ref: SD7336SW Scale: 1:1250



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RECEIPT NO.
SOLD BY

13/01/15 12:18:49

£21 temp event notice Per
 up to 7 days, online or hardcopy.

Page 3 of 3

£180 annual. Vary the licence £190 to
 make a small increase Sold of...

Catherine Moore

From: Kristan Dewell [REDACTED]
Sent: 09 September 2015 14:17
To: Catherine Moore
Subject: Re: URGENT RE: Premises Licence application

Hi catherine, please can the opening hours match. So opening hours will be until midnight at the weekends and match the alcohol times? Thank you

From: Catherine Moore [<mailto:Catherine.Moore@ribblevalley.gov.uk>]
Sent: Wednesday, September 09, 2015 02:10 PM
To: Kristan Dewell
Subject: RE: URGENT RE: Premises Licence application

Hi Kristan

As you are requesting alcohol until Midnight then your opening times should really match. If you were to be granted a licence until Midnight, this doesn't mean you have to stay open until then, it merely gives you permission to if you have a private party for example.

Could you just confirm via return e-mail what your opening times should be and then I can amend our notice.

Thanks

Catherine

From: Kristan Dewell [REDACTED]
Sent: 09 September 2015 13:30
To: Catherine Moore
Subject: Re: URGENT RE: Premises Licence application

Hi, sorry catherine the opening times are within 9-5 but if we have a private party at weekends we would like until 12. So although we are only usually open until upto 5 is it ok to set the times till 12 at weekends? Thank you!

From: Catherine Moore [<mailto:Catherine.Moore@ribblevalley.gov.uk>]
Sent: Wednesday, September 09, 2015 10:17 AM
To: Kristan Dewell
Subject: URGENT RE: Premises Licence application

Hi Kristan

Please can you let me have this information as a matter of urgency.

Many thanks
Catherine

Catherine Moore | Administration & Licensing Officer |
Ribble Valley Borough Council, Council Offices, Church Walk, Clitheroe, Lancashire BB7 2RA
T: 01200 414454 | F: 01200 414485 E: catherine.moore@ribblevalley.gov.uk W: www.ribblevalley.gov.uk

From: Catherine Moore
Sent: 07 September 2015 15:25
To: 'Kristan Dewell'
Subject: RE: Premises Licence application
Importance: High

Hi Kristan

Sorry... just one more thing that I've noticed. Your hours for opening and alcohol don't match. Alcohol is requested Fri/Sat/Sun until Midnight, but your opening hours are Fri until 3pm, Sat/Sun until 5pm.

Could you just confirm that these should be the same, and if so please check that your blue notice and the advert for the paper match.

Many thanks

Catherine

Catherine Moore | Administration & Licensing Officer |

Ribble Valley Borough Council, Council Offices, Church Walk, Clitheroe, Lancashire BB7 2RA
T: 01200 414454 | F: 01200 414485 E: catherine.moore@ribblevalley.gov.uk W: www.ribblevalley.gov.uk