

Received	
Date	- 7 FEB 2019
Time	11:19
By	ICMAPN 34422
Job No	126940
Officer	PHO

Licensing, Public Protection
Tamworth Borough Council
Marmion House, Lichfield Street
Tamworth, Staffordshire
B79 7BZ
Telephone - 01827 709 445
Email - publicprotection@tamworth.gov.uk

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/W [REDACTED]
(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			
No 18, Coffee House 18 Lichfield Street			
Post town	Tamworth	Postcode	B79 7QD
Telephone number at premises (if any)		[REDACTED]	
Non-domestic rateable value of premises		£7,600	

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 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ██████████			First names ██████████		
Date of birth 15/03/1987		I am 18 years old or over		<input checked="" type="checkbox"/>	Please tick yes
Nationality British					
Current residential address if different from premises address		██████████ ██████████ ██████████			
Post town	██████████	Postcode	CV9 2FH		
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 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current postal 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 9-digit '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
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

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)
Coffee Shop

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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| <u>Supply of alcohol</u> (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
- In all cases complete boxes K, L and M**

A

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

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Mon					
Tue			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Wed					
Thur			<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 6)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Mon					
Tue					
Wed					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri					
			<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 6)		
Sat					
Sun					

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	08.00	00.00			
Tue	08.00	00.00			
			State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed	08.00	00.00			
Thur	08.00	00.00			
			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)		
Fri	08.00	01.00			
Sat	08.00	01.00			
Sun	08.00	00.00			

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"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon	08.00	00.00						
Tue	08.00	00.00						
Wed	08.00	00.00				State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	08.00	00.00						
Fri	08.00	01.00	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 6)					
Sat	08.00	01.00						
Sun	08.00	00.00						

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	08.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	08.00	00.00	<u>Please give further details here</u> (please read guidance note 4)		
Wed	08.00	00.00			
Thur	08.00	00.00			
Fri	08.00	01.00	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Sat	08.00	01.00	<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> (please read guidance note 6)		
Sun	08.00	00.00			

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	23.00	00.00			
Tue	23.00	00.00			
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed	23.00	00.00			
Thur	23.00	00.00			
			<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> (please read guidance note 6)		
Fri	23.00	01.00			
Sat	23.00	01.00			
Sun	23.00	00.00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
Day	Start	Finish		Both <input checked="" type="checkbox"/>
Mon	08.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	
Tue	08.00	00.00		
Wed	08.00	00.00		
Thur	08.00	00.00		
Fri	08.00	01.00		
Sat	08.00	01.00		
Sun	08.00	00.00		

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 [REDACTED]	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	B77 4DF
Personal licence number (if known) N/000001074	
Issuing licensing authority (if known) Tamworth 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 9).

None

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)

b) The prevention of crime and disorder

CCTV must be installed and operating correctly to manufacturer's instructions internally and externally and must cover all public entrances/exits and public areas where licensable activity takes place whilst the premises is open to the public. This must include all areas that smokers are allowed to congregate.

The time and date must be set to the correct time relating to BST/GMT. The picture must be clear enough to identify people's facial features.

A competent trained person in the use of and operation of the CCTV must be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to down load at the time of the visit onto a CD/DVD/USB stick any information requested by any Responsible Authority.

All CCTV images must be retained for a period of not less than 31 days. Clear signage must be displayed at all entrance and exits indicating that CCTV is in operation.

An incident register of all occurrences and ejections from the premises must be maintained at the premises and any details of any incidents of crime or disorder or misuse of drugs offences must be recorded. The register must be produced and made available at the time of the visit to any responsible authority.

Prior to selling alcohol, all persons involved in the sale of alcohol & age restricted products who are not the holder of a Personal Licence must receive initial and regular twelve monthly refresher training by the Designated Premises Supervisor or external training provider with regards to the law in relation to the sale of alcohol & age restricted products. Such training must be recorded and up to date training records of all such persons must be maintained at the premises and produced and made available at the time of the visit to any Responsible Authority. There must be eighteen months records retained.

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 168 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 16 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 the UK (please read guidance note 15). • 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)
Signature	
Date	28 th January 2019
Capacity	Applicant

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	
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)			

c) Public safety

There must be no opened vessels containing any alcoholic/non-alcoholic drinks taken from the boundaries of the premises.

All glasses and bottles must be removed from the public areas after they are finished with or are empty.

d) The prevention of public nuisance

A notice advising customers to leave the premises quietly and respect the needs of residents must be displayed at each of the exits of the premises.

A notice advising customers to be quiet and respect the needs of residents must be displayed in all outside drinking/smoking areas.

e) The protection of children from harm

A Challenge 25 policy must be adopted and enforced at the premises where all persons who appear to be under the age of 25 must be challenged for acceptable identification to prove they are over the age of 18 prior to the purchase of alcohol.

The only acceptable forms of identification are a valid photo driving licence, valid passport or a valid PASS approved proof of age card.

Challenge 25 posters must be displayed at all entrances to the premises, all areas where alcohol is displayed and at the cash till payment area.

Posters must be displayed prominently and in sight of customers & staff.

A refusals register with details of all refusals must be maintained at the premises. The register may be contained on the till but must contain details of the staff member refusing the sale. The refusals register - or when on the till, a print out of refusals - must be produced and made available for inspection at the time of the visit by any Responsible Authority.

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.

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

[Redacted]
(insert full name of prospective premises supervisor)

Of [Redacted]
(insert full home address, including postcode)

Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

New Premises Application By Mr James Dance
(insert type of application) (insert name of applicant)

Relating to a premises licence N/a
(insert existing licence number, if any)

For No 18, Coffee House
18 Lichfield Street
Tamworth
B79 7QD
(insert name, address and postcode of the premises to which the application relates)

and any premises licence to be granted or varied in respect of this application made by

[Redacted]
(insert name of applicant)

concerning the supply of alcohol at:

No 18, Coffee House
18 Lichfield Street
Tamworth
B79 7QD
(insert 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 LN/000001074
(insert personal licence number, if any)

Personal Licence Number Issuing Authority Tamworth Borough Council
(insert name, address and telephone number of personal licence issuing authority, if any)

Signature [Redacted]
(insert signature)

Name [Redacted]
(insert name)

Date 28th January 2019
(insert date)

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

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SECRET

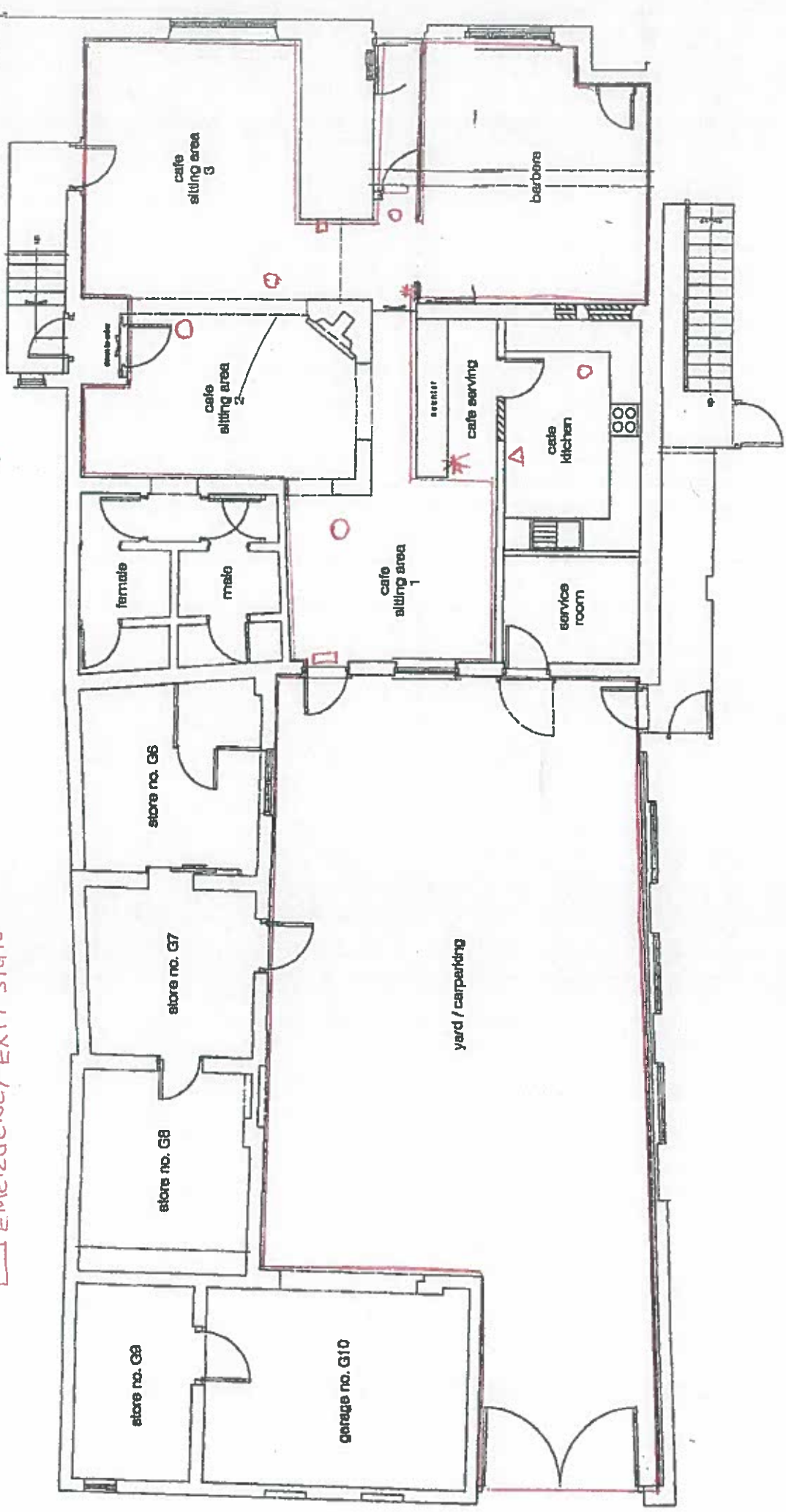
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SECRET

KEY

- SMOKE DETECTOR
- * FIRE EXTINGUISHER
- BREAK GLASS ALARM
- △ FIRE BLANKET
- ▭ EMERGENCY EXIT SIGN

proposed first floor plan 1:50



proposed ground floor plan 1:50



