

**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 Racheal Tapomwa  
*(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 <u>346 - 348 Meadow lane</u>			
Post town	<u>Nottingham</u>	Postcode	<u>NG2 3GL</u>

Telephone number at premises (if any)	<u>07748826976</u>
Non-domestic rateable value of premises	<u>£ 6,800</u>

**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 *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	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		please complete section (B)
d)	a charity		please complete section (B)
e)	the proprietor of an educational establishment		please complete section (B)
f)	a health service body		please complete section (B)
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales		please complete section (B)
ga)	a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England		please complete section (B)
h)	the chief officer of police of a police force in England and Wales		please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative

**(A) individual applicants** (fill in as applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b> Tapomwa			<b>First names</b> Racheal		
<b>Date of birth</b> [REDACTED]		I am 18 years old or over		Please tick yes <input checked="" type="checkbox"/>	
<b>Nationality</b> [REDACTED]					
<b>Current residential address if different from premises address</b>		82 Wilford Crescent West			
<b>Post town</b> Nottingham		<b>Postcode</b> NG2 2FS			
<b>Daytime contact telephone number</b>		07748826976			
<b>E-mail address (optional)</b>		mpofur@yahoo.co.uk			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					





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**Second individual applicant** (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> or over		I am 18 years old		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 '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
05	10	2024

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 premise will be a restaurant including a bar and grill, with an inside seating area; that will serve approximately 30 people as well as an enclosed soundproof outside seating area; that will not cause disturbance for the general public, especially as we are situated mainly around commercial buildings which operate during the day and we are not next residential areas. We estimate that this outdoor seating area can hold 50 people.

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

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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)	

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

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



**A**

<b>Plays</b> 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> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<b>Please give further details here</b> (please read guidance note 4)	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					





**B**

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



**C**

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



**D**

<b>Boxing or wrestling entertainments</b> 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	
				Outdoors	
				Both	
Day	Start	Finish			
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					
Sun					



**E**

<b>Live music</b> 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	
				Outdoors	
				Both	
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**

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4) Amplified Music.		
Tue	12.00	23.30			
Wed	12.00	23.30	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	12.00	23.30			
Fri	12.00	02.30	<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)		
Sat	12.00	02.30			
Sun	12.00	23.30			



**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
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 performance of dance</u></b> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**G**

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



# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>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</b> (please read guidance note 6)		
Sun					



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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	11:00	23:30			
Wed	11:00	23:30	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur	11:00	23:30			
Fri	11:00	2:30	<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)		
Sat	11:00	2:30			
Sun	11:00	23:30			





J

<b>Supply of alcohol</b> 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)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon					
Tue	12pm	23:30			
Wed	12pm	23:30			
Thur	12pm	23:30			
Fri	12pm	2:30			
Sat	12pm	2:30			
Sun	12pm	23:30			
			<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)		

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>	Racheal Tapomwa
<b>Date of birth</b>	[REDACTED]
<b>Address</b>	[REDACTED]
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b>	194561
<b>Issuing licensing authority (if known)</b>	



**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).**

*There will be no adult entertainment.*

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue	12:00	23:00	
Wed	12:00	23:30	
Thur	12:00	23:30	
Fri	12:00	02:30	
Sat	12:00	02:30	
Sun	12:00	23:30	



## 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)

Staff trained on the rules of serving alcohol especially in regards to the prevention of selling to minors.  
Enough staff to ensure the safety of customers as <sup>well</sup> the ability to have clear knowledge of steps to take in the event of a fire.

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

1. The premise shall have CCTV operating with according to Police Licensing Act.  
2. CCTV operating all through operating hours  
3. Customers that look under 25 will be asked to show ID  
4. A log of those refused alcohol will be kept to prevent any misconduct.  
5. Information mentioning that CCTV is in place will be displayed on premise.

**c) Public safety**

1. Certificates for health and safety will be display in and around the premise  
2. Posters clearly displaying fire exits will be placed as well as fire extinguishers in the appropriate place.

**d) The prevention of public nuisance**

Staff will ensure that no alcohol will be supplied to minor. There will be security to ensure safety on the ~~week~~ weekends.  
All staff will be trained in this procedure to ask customers causing physical and verbal harm to others to exit the premise. As well as those that have exceeded their limit.  
In the event of anti-social behaviour police will be called and the appropriate CCTV will be handed over.

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



No alcohol will be served to minors  
 In the event staff think a customer looks under 25  
 they will be asked to provide physical ID  
 All staff will be trained in this procedure.

**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 if I cease to be entitled to live and work in</li> </ul>
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	<p>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	05/09/2024
Capacity	secretary

**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)			

**Notes for Guidance**

