

**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 COVE LIMITED**

*(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  
158 Burton Road

**Post town**

Didsbury

**Postcode**

**M20 1LH**

Telephone number at premises (if any)



Non-domestic rateable value of premises

£ 44,000

## Part 2 - Applicant details

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

a)

an individual or individuals \*

please complete section (A)

b)

a person other than an individual \*

X

i

as a limited company/limited liability partnership

X

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)

ga)

a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales

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)

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

X

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)

**Surname**

**First names**

**Date of birth**

I am 18 years old or over

Please tick yes

**Nationality**

Current residential 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)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr

Mrs

Miss

Ms

Other Title (for example, Rev)

**Surname**

**First names**

**Date of birth**

I am 18 years old or over

Please tick yes

**Nationality**

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)

Current residential address if different from premises address

Post town

Postcode

**Daytime contact telephone number**

**E-mail address (optional)**

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

Name COVE LIMITED

Address ~~158 Burton Road, Manchester M20 1LH~~  
Studio 210, 134-146 Curtain Road, London, England, EC2A  
3AR

Registered number (where applicable) 12133163

Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company

Telephone number (if any) XXXXXXXXXX

E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD

MM

YYYY

2 2

0 8

2 0 1 9

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)  
Restaurant and bar with outside seating space

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)

X

f)

recorded music (if ticking yes, fill in box F)

X

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)

X

**Supply of alcohol** (if ticking yes, fill in box J)

X

**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

Outdoors

Day

Start

Finish

Both

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

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

Tue

Wed

**State any seasonal variations for the exhibition of films** (please read guidance note 5)

Thur

Fri

**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**  
(please read guidance note 6)

Sat

Sun



## C

### **Indoor sporting events**

Standard days and timings (please read guidance note 7)

**Please give further details** (please read guidance note 4)

Day

Start

Finish

Mon

Tue

**State any seasonal variations for indoor sporting events** (please read guidance note 5)

Wed

Thur

**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**  
(please read guidance note 6)

Fri

Sat

Sun

## D

### **Boxing or wrestling entertainments**

Standard days and timings (please read guidance note 7)

**Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick** (please read guidance note 3)

Indoors

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

Tue

Wed

**State any seasonal variations for boxing or wrestling entertainment** (please read guidance note 5)

Thur

Fri

**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** (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

X

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

1100

2330

Tue

1100

2330

Wed

**State any seasonal variations for the performance of live music** (please read guidance note 5)

1100

2330

Thur

1100

0100

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 6)

1100



0200

On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0200

Sat

On Christmas Eve Start: 1100 Finish: 0200

1100

0200

On Boxing Day Start: 1100 Finish: 0200

Sun

On New Year's Eve Start: 1100 Finish: 0200

1100

2330

## **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

X

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

1100

2330

Tue

1100

2330

Wed

**State any seasonal variations for the playing of recorded music** (please read guidance note 5)

1100

2330

Thur

1100

0100

Fri

**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)

1100

0200

On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0200

Sat

On Christmas Eve Start: 1100 Finish: 0200

1100

0200

On Boxing Day Start: 1100 Finish: 0200

Sun

On New Year's Eve Start: 1100 Finish: 0200

1100

2330

## 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

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

Tue

Wed

**State any seasonal variations for the performance of dance** (please read guidance note 5)

Thur

Fri

**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** (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

**Will this entertainment take place indoors or outdoors or both – please tick**  
(please read guidance note 3)

Indoors

Mon

Outdoors

Both

Tue

**Please give further details here** (please read guidance note 4)



Wed

Thur

**State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)** (please read guidance note 5)

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 6)

Sun

# I

## **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

X

Outdoors

Day

Start

Finish

Both

Mon

**Please give further details here** (please read guidance note 4)

2300

2330

Tue

2300

2330

Wed

**State any seasonal variations for the provision of late night refreshment** (please read guidance note 5)

2300

2330

Thur

2300

0100

Fri

**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 6)

2300

0200

On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0230

Sat

On Christmas Eve Start: 1100 Finish: 0230

2300

0200

On Boxing Day Start: 1100 Finish: 0230

Sun

On New Year's Eve Start: 1100 Finish: 0230

2300

2400

**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

Off the premises

Day

Start

Finish

Both

X

Mon

**State any seasonal variations for the supply of alcohol** (please read guidance note 5)

1100

2300

Tue

1100

2300

Wed

1100

2300

Thur

**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 6)

1100

0100

On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0200

Fri

On Christmas Eve Start: 1100 Finish: 0200

1100

0200

On Boxing Day Start: 1100 Finish: 0200

Sat

On New Year's Eve Start: 1100 Finish: 0200

1100

0200

Sun

1100

2330

**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** Minesh Parekh

**Date of birth** [REDACTED]

**Address** [REDACTED]

**Postcode** [REDACTED]

**Personal licence number (if known)** [REDACTED]

**Issuing licensing authority (if known)** [REDACTED]



## 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

### **Hours premises are open to the public**

Standard days and timings (please read guidance note 7)

**State any seasonal variations** (please read guidance note 5) On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0230

Day

Start

Finish

Mon

1100

2400

Tue

1100

2400

Wed

1100

2400

**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 6)

Thur

On the Sunday preceding a Bank Holiday Monday Start: 1100 Finish:0230

1100

0130

On Christmas Eve Start: 1100 Finish: 0230

Fri

On Boxing Day Start: 1100 Finish: 0230

1100

0230

On New Year's Eve Start: 1100 Finish: 0230

Sat

1100

0230

Sun

1100

2400

## **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)

Strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives.

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

We have full CCTV in place, with access to recordings on request.

SIA registered door staff shall be employed at the premises on a Friday and Saturday from 22:00 until close. At all other times, SIA registered door staff shall be employed at the premises in accordance with a risk assessment to be carried out by the DPS.

Well trained staff adherence to environmental health requirements..

We promote the challenge 21 scheme.

A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made.

We have adequate lighting inside and out to provide safety for all patrons.

### **c) Public safety**

All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, heating, electrical, air condition, sanitary accommodation and other installations, will be maintained at all times in good order and in a safe condition.

We have risk assessments in place for all aspects of the restaurant and bar.

We have a first aider on site

We have appropriate fire safety equipment and procedures in place, including fire alarms, extinguishers, signage and clearly lit fire escape exits.

We have lighting inside and outside to provide sufficient safety for all.

### **d) The prevention of public nuisance**

Noise reduction measures to address the public nuisance objective.

Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly.

All windows and doors to be closed, from 22:00 except for access and egress.

The collection or disposal of waste, including glass bottles, not to be permitted at noise sensitive times i.e between 23:00 and 08:00.

Tables and chairs shall not be available for use outside the premises after 22:00.

There shall be no public access to the premises after 01:30

Display taxi telephone numbers and make arrangements with the local firm(s) to require taxis to call the Cove back when they arrive, so customers aren't waiting outside.

A manager or member of staff will supervise the exit of customers during the drinking up period to ensure customers do not congregate outside the premises.

Only 6 smokers shall be allowed to congregate outside the premises at any time.

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

Challenge 21” sign which is a retailing strategy that encourages anyone who is over 18 but looks under 21 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol.

Well trained staff about requirements for persons' identification, age establishment etc.

Staff with children’s first aid training.

No-one under the age of 16 will be allowed to enter or remain on the premises after 22:00 save on Christmas Eve and New Year’s Eve.

No-one under the age of 16 will be allowed on the premises at any time without appropriate adult supervision.

**Checklist:**

**Please tick to indicate agreement**

I have made or enclosed payment of the fee.

I have enclosed the plan of the premises.

X

I have sent copies of this application and the plan to responsible authorities and others where applicable.

I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.

X

I understand that I must now advertise my application.

X

I understand that if I do not comply with the above requirements my application will be rejected.

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

X

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

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

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

**Declaration**

- [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

07/08/2019

Capacity

**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) Kevin Robinson

Post town

[REDACTED]

Postcode

[REDACTED]

Telephone number (if any)

[REDACTED]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [REDACTED]



**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)

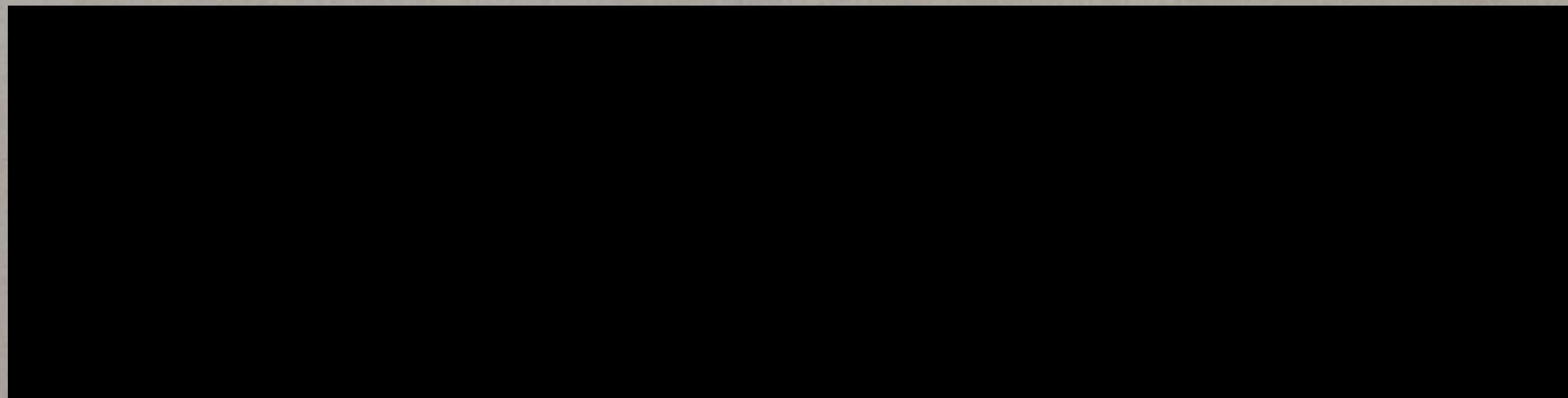
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

**Declaration**

- [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

07/08/2019

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

I MINESH PAREKH

[full name of prospective premises supervisor]

of



[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

NEW PREMISES LICENCE

[type of application]

by

COVE LIMITED

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

158  
BURTON ROAD  
MANCHESTER .  
M20 1LH

[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

COVE LIMITED  
[name of applicant]

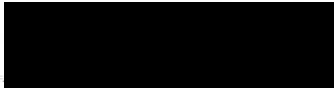
concerning the supply of alcohol at

158 BURNING ROAD  
MANCHESTER  
M20 1LM

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number



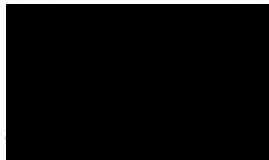
[insert personal licence number, if any]

Personal licence issuing authority



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

Signed



Name (please print)

MINEEK PATEKH

Date

07/05/2019