



MANCHESTER
CITY COUNCIL

Licensing Act 2003 (Hearings) Regulations 2005

Reference: 218787
Name: La Boca
Address: 14b Turner Street, Manchester, M4 1DY
Ward: Piccadilly

Hearing Date: 06/11/2018

Application Type: Premises Licence (new)
Name of Applicant: Donna Robinson
Date of application: 20/09/2018

Summary of application

Application Type: Premises Licence (new)

Reference: 218787/

Premises: La Boca, 14b Turner Street, Manchester, M4 1DZ

Applicant: Donna Robinson

General description of premises as given by the applicant:

Small Café Bar specialising in Spanish food and produce.

Proposed hours and licensable activities:

Provision of regulated entertainment (recorded music)

Indoors only

Mon to Sun 12 noon to 11pm

Non-standard timings (NST) - not applied for

The supply of alcohol for consumption both on and off the premises

Mon to Sun 12 noon to 11pm

NST- Alcohol sales to 1am on New Year's Day

Opening hours:

Mon to Sun 8am to 11 pm

NST- Opening hours to 1am on New Year's Day

Steps to promote licensing objectives as given by the applicant:

General

Myself as DPS and my partner James Ferdinales intend to be present at the premises for the main particularly at weekends. We will recruit and train staff in this area.

Prevention of crime and disorder

The addition of CCTV operation

Challenge 21 Scheme

Educating staff

Sharing updates/information with Greater Manchester Police

Public Safety

Regular staff training on safe alcohol consumption

Prevention of public nuisance

We will ensure customers leave quietly and respectfully. Signs will be placed to reinforce the importance of this.

We will train staff to ask customers to respect neighbours when leaving.

Protection of children from harm

The café will not be attracting children as such.

We will promote a family atmosphere that is free of foul language and anti-social behaviour.

If a child is present then they would be safe.

Representations Received	
Responsible Authority	Grounds For Representation
<ul style="list-style-type: none">Greater Manchester Police	<ul style="list-style-type: none">Crime and disorderPublic nuisanceProtection of children from harmPublic Safety
<ul style="list-style-type: none">Licensing & Out of Hours Compliance	<ul style="list-style-type: none">Public nuisance
<ul style="list-style-type: none">Trading Standards	<ul style="list-style-type: none">Protection of children from harm
Other Persons	
<ul style="list-style-type: none">Residents x 3Businesses x 3	<ul style="list-style-type: none">Public Nuisance

Considerations

In determining the application, the Sub-Committee must give appropriate weight to:

- a) the steps that are appropriate to promote the licensing objective(s);
- b) the representations (including supporting information) presented by all the parties;

In determining the application, the Sub-Committee must also have regard to:

- c) the s182 Guidance to the Licensing Act 2003 by the Home Secretary;
- d) Manchester City Council's Statement of Licensing Policy
- e) The Licensing Act 2003 and the regulations made there under
- f) Licensing Objectives

Reasons should be given for any departure from c and d above.

New premises licence

The Sub-Committee must take such of the steps under section 17(4) of the Licensing Act 2003 (if any), that it considers appropriate for the promotion of the licensing objectives. The steps are:

1. To grant the licence subject to:
 - a) the conditions consistent with the operating schedule accompanying the application, modified to such extent as the authority considers appropriate for the promotion of the licensing objectives, and
 - b) any mandatory conditions that must be included in the licence
2. To exclude from the scope of the licence any of the licensable activities to which the application relates;
3. To refuse to specify the person proposed in the application as the designated premises supervisor;
4. To reject the application.

The conditions of the licence are modified if any of them is altered or omitted or any new condition is added. Modification of the condition of the premises licence includes restricting the times at which licensable activities authorised by the licence can take place.

Where the Sub-Committee consider that none of the above steps are appropriate for the promotion of the licensing objectives, the application should be granted in the terms applied for.

Summary of representations

Please be advised that the below is a summary of representations received only. Copies of the representations are included at the back of this document for members and other interested parties to refer to as necessary.

Greater Manchester Police, Trading Standards and the Licencing and Out of Hours Team

The above all felt that the operating schedule was not detailed enough with regards to how the premises is going to promote the four licensing objectives and suggested conditions to be added to the licence. The applicant has agreed to the conditions suggested by the responsible authorities.

Businesses

Representation was received by Helen Sullivan on behalf of the business Breathworks, Sattvadhika Dowling, Tejapushpa Entwistle, Ratnagita Highton, Lucie Brione on behalf of Body wise and the chairman of the Manchester Buddhist Centre.

These businesses are located within the Buddhist centre and are adjacent to the premises at 14b Turner Street.

The businesses state they help their customers reduce anxiety and provide a space for quiet therapy and religious contemplation. They feel that the new premises application will create excessive noise and disturbances which will adversely impact their customers.

Residents

Representation was received from three local residents and users of the businesses mentioned above which are located within the Buddhist centre. All three residents had concerns regarding public nuisance. They all feel that the granting of the licence will negatively impact the area, increase anti social behaviour and thus have an adverse effect on residents and the users of the businesses within the Buddhist centre.



La Boca
14b Turner Street, Manchester, M4 1DZ

Premises Licensing
Manchester City Council

© Crown copyright and database rights 2015.
Ordnance Survey 100019568.



PREMISE NAME:	La Boca
PREMISE ADDRESS:	14b Turner Street, Manchester, M4 1DY
WARD:	Piccadilly
HEARING DATE:	06/11/2018

**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 DONNA ROBINSON

(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>La Boca</u> <u>14B TURNER ST</u> <u>MANCHESTER</u>			
Post town		Postcode	<u>M4 1DZ</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£ No Account Registered, filled out</u>

Occupation of Premises form

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individual * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| 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 | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ROBINSON			First names DONNA PATRICIA		
Date of birth over [REDACTED]		I am 18 years old or <input checked="" type="checkbox"/>		Please tick yes	
Nationality BRITISH					
Current residential address if different from premises address		[REDACTED]			
Post town MANCHESTER		Postcode M27 5GQ			
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable) **N/A**

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)			

(B) OTHER APPLICANTS *N/A*.

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
11	31	112018

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)

SMALL CAFE BAR SPECIALISING IN SPANISH PRODUCE. SERVING WINE AND SHERRY ON THE GROUND FLOOR, along the BAR AREA WITH SEATING FOR 30 COVERS. A FLOOR PLAN IS ATTACHED. THERE IS NO OUTSIDE SPACE. Food will be served from the BAR AREA LIKE AN AUTHENTIC TAPAS BAR. THE BASEMENT WILL BE USED FOR STORAGE ONLY. CUSTOMER SEATING WILL BE ON THE GROUND FLOOR ONLY. THE BUSINESS WILL OPERATE PARTLY AS A DELI SELLING WINE TO TAKEAWAY.

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 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 type="checkbox"/> |

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 N/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 N/A

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 N/A

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			
Fri			<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)
Sat			
Sun			

D N/A

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
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 N/A

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 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 the performance of live music (please read guidance note 5)		
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 6)		
Sat					
Sun					

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="checked" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	12:00	23:00	Please give further details here (please read guidance note 4)		
Tue	12:00	23:00			
Wed	12:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	12:00	23:00			
Fri	12:00	23:00	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	12:00	23:00			
Sun	12:00	23:00			

G N/A

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	<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 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 N/A

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 type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)	
Wed				
Thur			<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)	
Fri				
Sat			<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				

I N/A

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"/>
Day	Start	Finish		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 provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

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	12:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5) The only variation to the hours would be for New Years Eve where we would like to serve alcohol from 12:00 - 01:00 the following day.		
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	23:00	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 6)		
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	23:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name		DONNA PATRICIA ROBINSON	
Date of birth		[REDACTED]	
Address		[REDACTED]	
Postcode	M27 6GA		
Personal licence number (if known)		100618	
Issuing licensing authority (if known)		Safford.	

□□□□

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).

NYA

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)
Day	Start	Finish	
Mon	08:00	23:00	ON NEW YEARS EVE TO SERVE ALCOHOL UNTIL 1:00 AM IF POSSIBLE .
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	<u>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</u> (please read guidance note 6) NEW YEARS EVE TO TRADE UNTIL 1:00 AM
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

MYSELF AS DPS AND MY PARTNER JAMES FERDINALES INTEND TO BE PRESENT AT THE PREMISES FOR THE MAIN, PARTICULARLY AT WEEKENDS. WE WILL RECRUIT AND TRAIN STAFF IN THIS AREA.

b) The prevention of crime and disorder

THE ADDITION OF CCTV OPERATION.
CHALLENGE 21 SCHEME AS WELL AS EDUCATING STAFF
AND SHARING UPDATES INFO FROM GMP.

c) Public safety

REGULAR STAFF TRAINING ON SAFE ALCOHOL CONSUMPTION.
GENERALLY THE VENUE WILL BE "ABOUT FOOD" AND TASTING
AND LEARNING ABOUT SPANISH PRODUCE, HOW TO PAIR IT
WITH SHERRY OR WINE. IT WILL BE A VERY SAFE
ENVIRONMENT, WE WANT TO OPERATE A PLEASANT WORKPLACE.

d) The prevention of public nuisance

WE WILL ENSURE CUSTOMERS LEAVE QUIETLY AND
RESPECTFULLY. AND OFFER SIGNS TO REINFORCE THE
IMPORTANCE. WE WILL TRAIN STAFF TO KINDLY ASK
CUSTOMERS TO RESPECT OUR NEIGHBOURS WHEN LEAVING.

e) The protection of children from harm

THE CAFE BAR WILL NOT BE ATTRACTING CHILDREN AS SUCH. HOWEVER WE WILL PROMOTE A FAMILY ATMOSPHERE THAT IS FREE OF FOUL LANGUAGE, AND ANTI-SOCIAL BEHAVIOUR SO THAT IF ON AN OCCASION A CHILD WAS PRESENT, SHE WOULD BE SAFE. A PLACE I WOULD BE PROUD TO TAKE MY GRANMOTHER.

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 (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.


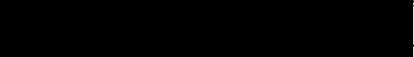
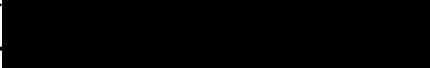
Part 4 – Signatures (please read guidance note 11)

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.

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, if appropriate (please see note 15)
Signature	
Date	14/9/18
Capacity	OWNER AND DPS.

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	SWINTON M/C	Postcode	M27 5GQ
Telephone number (if any)			
If you would prefer us to correspond with you at your home address (optional)			
			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that: