

**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 Squiggle Juice Ltd  
 (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 |            |                       |        |
| Witch Kings Room<br>Unit 3, Ground floor<br>23 Radium Street<br>Ancoats              |            |                       |        |
| <b>Post town</b>   | Manchester | <b>Postcode</b>       | M4 6AY |
| Telephone number at premises (if any)  |            | [REDACTED]            |        |
| Non-domestic rateable value of premises  |            | £ <del>500</del> 9000 |        |

**Part 2 - Applicant details**

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

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals *                    | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input checked="" 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)

|  |                                     |  |                                    |                                       |  |
|--|-------------------------------------|--|------------------------------------|---------------------------------------|--|
| <b>Mr</b> <input type="checkbox"/>   | <b>Mrs</b> <input type="checkbox"/> | <b>Miss</b> <input type="checkbox"/>                               | <b>Ms</b> <input type="checkbox"/> | <b>Other Title</b> (for example, Rev) |  |
| <b>Surname</b>   |                                     |  | <b>First names</b>                 |                                       |  |
| <b>Date of birth</b>   |                                     | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                    |                                       |  |
| <b>Nationality</b>   |                                     |  |                                    |                                       |  |
| <b>Current residential address if different from premises address</b>  |                                     |  |                                    |                                       |  |
| <b>Post town</b>   |                                     |  |                                    | <b>Postcode</b>                       |  |
| <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 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   |                              | I am 18 years old or over <input type="checkbox"/> 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  | Squiggle Juice Ltd. (Witch Kings Room)  |
| Address   | Witch Kings Room, Unit 3.<br>23 Radium Street, Ground floor.<br>Ancoats<br>Manchester<br>M4 6AY |
| Registered number (where applicable)  | 12700570  |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | Limited Company.  |

|                           |            |
|---------------------------|------------|
| Telephone number (if any) | [REDACTED] |
| E-mail address (optional) | [REDACTED] |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
| 10 | 11 | 2020 |

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 unit is a mixture of production and retail. The front 3 metres of the unit will consist of a shop frontage and small seating area. Customers will be able to purchase our products as well as products from a range of other suppliers. They will have the option to either take these away wrapped or consume responsibly on site whilst seated. We will run ticketed events or run tastings or cocktail classes every Saturday 4pm - 8pm or no more than 8 people. Free samples of product will be available for purchase.

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 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"/>   |

The applicant has clarified that this should be 8 customers, rather than 8 people. This amendment has been accepted



**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**

J

|   |       |        |   |  |                  |                                     |
|---|-------|--------|---|--|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>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)<br>Sales for both consumption on and off premises<br>Ticketed events such as tastings and classes. |  | On the premises  | <input type="checkbox"/>            |
|   |       |        |   |  | Off the premises | <input type="checkbox"/>            |
|   |       |        |   |  | Both             | <input checked="" type="checkbox"/> |
| Day   | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  |  |                  |                                     |
| Mon   | 09.00 | 22.00  |   |  |                  |                                     |
| Tue   | 09.00 | 22.00  |   |  |                  |                                     |
| Wed   | 09.00 | 22.00  |   |  |                  |                                     |
| Thur  | 09.00 | 22.00  |   |  |                  |                                     |
| Fri   | 09.00 | 22.00  |   |  |                  |                                     |
| Sat   | 09.00 | 22.00  |   |  |                  |                                     |
| Sun   | 09.00 | 22.00  |   |  |                  |                                     |
|   |       |        | <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):

|  |                      |  |  |
|--|----------------------|--|--|
| Name                                   | Brandon Bissell      |  |  |
| Date of birth                          | [REDACTED]           |  |  |
| Address                                | [REDACTED]           |  |  |
| Postcode                               | [REDACTED]           |  |  |
| Personal licence number (if known)     | 155604               |  |  |
| Issuing licensing authority (if known) | Salford City 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).

Not Applicable.

**L**

| Hours premises are open to the public<br>Standard days and timings (please read guidance note 7) |       |        | State any seasonal variations (please read guidance note 5)  |
|--|-------|--------|--|
| Day  | Start | Finish |  |
| Mon  | 09.00 | 22.00  | <p><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)</p> |
|  |       |        |  |
| Tue  | 09.00 | 22.00  |  |
|  |       |        |  |
| Wed  | 09.00 | 22.00  |  |
|  |       |        |  |
| Thur   | 09.00 | 22.00  |  |
|  |       |        |  |
| Fri  | 09.00 | 22.00  |  |
|  |       |        |  |
| Sat  | 09.00 | 22.00  |  |
|  |       |        |  |
| Sun  | 09.00 | 22.00  |  |
|  |       |        |  |

## 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)

We will make sure we hit all the licensing objectives in order to ensure the safe sale of alcohol. This involves making sure any verification measures and security and safety measures are adhered to.  
We wish to retail online and in store as well as have alcohol consumption on site. This will be consumption of our products and other supplier's products. We will also do sampling for products.

### b) The prevention of crime and disorder

- ① CCTV will be in operation to record sales and consumption on premises. We will have the footage available to the authorities on request. Footage will be stored securely in accordance with GDPR.
- ② Anyone who is deemed to be drunk or under the influence of drugs will be refused service and escorted from the premises.

### c) Public safety

- ~~① We will only operate between the set hours in our application and~~
- ① The store will have all the relevant safety and alcohol awareness signage within sight of the customer.
- ② Relevant fire safety and emergency exit signage will be present on site.
- ③ We will operate incident reports to log all Refusals, bans, thefts, complaints and injuries.
- ④ Effective crowd control measures will be in place. No more than 8 people on the premises at any one time.

### d) The prevention of public nuisance


- ① We will only operate within the set hours of our application.
- ② We will make sure to keep noise pollution to a minimum during operating hours.
- ③ Only alcohol purchased on site will be allowed to be consumed on premises.
- ④ Anyone deemed to be a public nuisance will be asked to leave the premises.

### e) The protection of children from harm

- ① No children under the age of 18 will be allowed on the premises unless accompanied by an adult.
- ② We will operate challenge 25 on site and only take driving license and passport as relevant forms of ID.
- ③ All I.D challenges made will be logged in a book to be checked by the DPS periodically.

The applicant has clarified that this should be 8 customers, rather than 8 people. This amendment has been accepted



|           |  |
|-----------|--|
|           | 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      | 25/09/2020   |
| Capacity  | Director   |

**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)   |  |          |  |