

**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 CIRCLE SQUARE MANCHESTER 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 HUDDLE CIRCLE SQUARE OXFORD ROAD			
<b>Post town</b>	MANCHESTER	Postcode	M1 7ED

Telephone number at premises (if any)	TBA
Non-domestic rateable value of premises	£ NO RATEABLE VALUE AT PRESENT

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as      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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or		<input type="checkbox"/>	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>					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 CIRCLE SQUARE MANCHESTER LIMITED
Address REGENT HOUSE FOLDS ROAD BOLTON BL1 2RZ
Registered number (where applicable) 13506594
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) TBA
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
26	02	2022

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)  
 2 FLOOR MULTI USE UNIT TO BE OPERATED AS A MIXED USE FOOD STORE AND MULTI SERVICE FOOD HALL PROVIDING ON SITE DINING WITH ON SALES AND OFF SALES OF ALCOHOL PLUS ENTERTAINMENT AND LATE NIGHT REFRESHMENT, ALL TO COMPRISE OF A FOOD STORE WITH OFF SALES AND PROVISION OF LATE NIGHT REFRESHMENT, FOOD SERVICE AREAS WITH MULTIPLE FOOD VENDORS SUPPLYING HOT FOOD AND DRINKS AND ALCOHOL FOR CONSUMPTION ON AND OFF THE PREMISES WITH SEATED DINING AREAS FOR THE CONSUMPTION OF THE FOOD OFFERINGS AND ALCOHOL PLUS THE LATE NIGHT REFRESHMENT (LNR). LNR AND ALCOHOL ARE FOR CONSUMPTION ON AND OFF THE PREMISES WITH DELIVERIES ALSO TO BE FACILITATED FROM THE PREMISES, BACKGROUND MUSIC THROUGHOUT AND THE PROVISION OF ENTERTAINMENT. OUTSIDE SEATING AREA FOR THE CONSUMPTION OF ALCOHOL AND LNR.  
 THE DPS WILL BE VARIED TO SOMEBODY IN DAY TO DAY CONTROL OF THE PREMISES BEFORE TRADING COMMENCES.

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)  | <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)   | X                          |
| f) recorded music (if ticking yes, fill in box F)   | X                          |
| g) performances of dance (if ticking yes, fill in box G)  | X                          |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | X                          |
| <b><u>Provision of late night refreshment</u></b> (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**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input 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)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

## B

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

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

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

# E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	X		
				Outdoors	<input type="checkbox"/>		
Day	Start	Finish		Both	<input type="checkbox"/>		
Mon	00.00	03.00	<b><u>Please give further details here</u></b> (please read guidance note 4) INDIVIDUAL MUSICIANS AND SINGERS AND SMALL GROUPS TO PERFORM THROUGHOUT THE FLOOR AREA WITHIN THE RED BORDER. USUALLY MUSIC AND SINGING WILL BE AMPLIFIED.				
		23.00		24.00			
Tue	00.00	03.00					
		23.00		24.00			
Wed	00.00	03.00		<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)			
		23.00			24.00		
Thur	00.00	03.00					
		23.00			24.00		
Fri	00.00	03.00			<b><u>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</u></b> (please read guidance note 6)		
		23.00				24.00	
Sat	00.00	03.00					
		23.00				24.00	
Sun	00.00	03.00					
		23.00	24.00				

# 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	X		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	00.00	08.00	<b><u>Please give further details here</u></b> (please read guidance note 4) BACKGROUND MUSIC PLAYED THROUGHOUT THE OPERATING AREA RINGED IN RED. USUALLY MUSIC WILL BE AMPLIFIED BUT LOW VOLUME				
	23.00	24.00					
Tue	00.00	08.00					
	23.00	24.00					
Wed	00.00	08.00		<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)			
	23.00	24.00					
Thur	00.00	08.00					
	23.00	24.00					
Fri	00.00	08.00			<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)		
	23.00	24.00					
Sat	00.00	08.00					
	23.00	24.00					
Sun	00.00	08.00					
	23.00	24.00					

# 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	X		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	00.00	03.00	<u>Please give further details here</u> (please read guidance note 4) DANCING TO PROVIDED MUSIC				
	23.00	24.00					
Tue	00.00	03.00					
	23.00	24.00					
Wed	00.00	03.00		<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)			
	23.00	24.00					
Thur	00.00	03.00					
	23.00	24.00					
Fri	00.00	03.00			<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)		
	23.00	24.00					
Sat	00.00	03.00					
	23.00	24.00					
Sun	00.00	03.00					
	23.00	24.00					

# 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><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	X
Mon	00.00	03.00		Outdoors	<input type="checkbox"/>
	23.00	24.00		Both	<input type="checkbox"/>
Tue	00.00	03.00	<b><u>Please give further details here</u></b> (please read guidance note 4) MUSICIANS, SINGERS, COMEDIANS, MAGICIANS RACONTEURS AND RECORDED MUSIC. SOME MAY BE AMPLIFIED		
	23.00	24.00			
Wed	00.00	03.00			
	23.00	24.00			
Thur	00.00	03.00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
	23.00	24.00			
Fri	00.00	03.00			
	23.00	24.00			
Sat	00.00	03.00	<b><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></b> (please read guidance note 6)		
	23.00	24.00			
Sun	00.00	03.00			
	23.00	24.00			

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	X		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	00.00	05.00	<b><u>Please give further details here</u></b> (please read guidance note 4) HOT FOOD AND DRINKS PROVIDED FROM THE TILL AREA, BARS, FOOD VENDORS, HOT DRINK VENDORS AND SELF SERVE VENDING AREAS LOCATED THROUGHOUT THE AREA BORDERED IN BROWN.				
	23.00	24.00					
Tue	00.00	05.00					
	23.00	24.00					
Wed	00.00	05.00		<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)			
	23.00	24.00					
Thur	00.00	05.00					
	23.00	24.00					
Fri	00.00	05.00			<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)		
	23.00	24.00					
Sat	00.00	05.00					
	23.00	24.00					
Sun	00.00	05.00					
	23.00	24.00					

**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 type="checkbox"/>			
				Off the premises				
				Both	X			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	00.00	24.00						
Tue	00.00	24.00						
Wed	00.00	24.00						
Thur	00.00	24.00				<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)		
Fri	00.00	24.00						
Sat	00.00	24.00						
Sun	00.00	24.00						

**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 CHRISTOPHER JOHN MITCHENER	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED] [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).

NONE

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	00.00	24.00	<b>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</b> (please read guidance note 6)
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	



**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)**

EXTENSIVE CCTV SYSTEM FITTED WITH 28 DAY LIBRARY AND CAMERAS ENDORSED ON THE PLAN WITH IMAGERY MADE AVAILABLE TO THE POLICE OR RESPONSIBLE AUTHORITIES UPON REQUEST TO THE DPS OR MANAGER, ALARM SYSTEM FITTED, STAFF TRAINED IN THE SUPPLY OF ALCOHOL WITH RECORDED ALCOHOL TRAINING REGIME AND 6 MONTHLY RECORDED REFRESHER TRAINING WITH RECORDS MADE AVAILABLE TO THE RESPONSIBLE AUTHORITIES UPON REQUEST TO THE DPS OR THE MANAGER, INSTORE CHALLENGE SIGNAGE RE CHALLENGE 25 PROXY SALES AND PURCHASING UNDER THE INFLUENCE, CHALLENGE 25 IN PLACE, REFUSALS SYSTEM WITH REFUSALS BOOK - PAPER OR ELECTRONIC - AND INCIDENT LOG IN PLACE BOTH TO BE MADE AVAILABLE TO THE RESPONSIBLE AUTHORITIES UPON REQUEST TO THE MANAGER OR DPS, SIA SECURITY AS REQUIRED BY RISK ASSESSMENTS CARRIED OUT REGULARLY AND AT LEAST EVERY 6 MONTHS, NO BEER LAGER OR CIDER ABOVE 5.5% ABV TO BE SOLD FOR CONSUMPTION OFF THE PREMISES IN CANS OR PLASTIC BOTTLES, ALL ONLINE/TELEPHONE DELIVERED AND COLLECTED SALES TO FOLLOW A SET PROCEDURE TO ENSURE THAT ANY ORDER PLACED IS MADE BY AND RECEIVED BY CUSTOMERS AGED OVER 18

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

CCTV SYSTEM, 24 HOUR RECORD, 28 DAY LIBRARY, INCIDENT LOG AND REFUSALS BOOK,

**c) Public safety**

STAFF TRAINED IN FIRE SAFETY PROCEDURES AND THE USE OF FIRE SAFETY EQUIPMENT, FIRE FIGHTING EQUIPMENT AVAILABLE

**d) The prevention of public nuisance**

STAFF TRAINED TO DEAL WITH SITUATIONS, USEABLE WASTE CONTAINERS LOCATED AS NECESSARY.

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

**CHALLENGE 25, FULL ALCOHOL TRAINING REGIME IN PLACE WITH 6 MONTHLY REFRESHER TRAINING, CHALLENGE SIGNAGE AND REFUSALS BOOK AND INCIDENT LOG**

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. X
- 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. X
- 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. X
- [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.**

<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</li> </ul>
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	<p>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).</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, if appropriate (please see note 15)</li> </ul>
Signature	████████████████████
Date	██-██-██████
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) ████████████████████ ████████████████████ ████████████████████ ██████████			
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**

- 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:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for ‘not-for-profit’ film exhibition held in community premises between 08.00 and 23.00 on any day provided that the