

**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 ABUELA HOLDINGS 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			
Unit G3, Minshull house 47 Chorlton St. Manchester M1 3FY			
<b>Post town</b>		<b>Postcode</b>	

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

**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>			I am 18 years old or over <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>					
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)	
<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>					
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	
<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.**

<b>Name</b>	Abuela Holdings Limited (T/A Madre)
<b>Address</b>	3.09 Evans And Co Clockwise Edward Pavilion Albert Dock Liverpool L3 4AF
<b>Registered number (where applicable)</b>	13564700
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>	Limited Company

Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start? DD MM YYYY  
0 1 0 3 2 0 2 2

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 premises is based on Chorlton Street. It will comprise of a 90 seat Mexican restaurant with access out onto Little David Street. It is a redevelopment of existing building and part of the KAMPUS scheme. The property is built but not yet rated. Our fit out of the internal structures and services will begin in four weeks

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)

- |  |  |
|--|--|
| <p>Provision of regulated entertainment (please read guidance note 2)</p> <ul style="list-style-type: none"> <li>a) plays (if ticking yes, fill in box A)</li> <li>b) films (if ticking yes, fill in box B)</li> <li>c) indoor sporting events (if ticking yes, fill in box C)</li> <li>d) boxing or wrestling entertainment (if ticking yes, fill in box D)</li> <li>e) live music (if ticking yes, fill in box E)</li> <li>f) recorded music (if ticking yes, fill in box F)</li> <li>g) performances of dance (if ticking yes, fill in box G)</li> <li>h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)</li> </ul> | <p>Please tick all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input checked="" type="checkbox"/></li> <li><input checked="" type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul> |
|--|--|

**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**

<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>Please give further details here</b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur								
Fri						<b>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</b> (please read guidance note 6)		
Sat								
Sun								

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><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"/>
				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 boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur					
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					
Sun					

# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" 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)  We will occasionally have some acoustic performances at weekends, but it is not part of our regular schedule. It will be amplified through our regular house speaker system		
Mon					
Tue			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)  None		
Wed					
Thur			<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)		
Fri	6pm	10:30pm			
Sat	12pm	10:30pm			
Sun	12pm	10:30pm			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music 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 checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon	11pm	1am	Recorded music will be played throughout the day/night at conversational/ background levels. We are primarily a restaurant although there is some bar space where the music may be a higher than other spaces. There will be one small speaker above the front door that will be turned off at 9pm and played at a very low level throughout the day. We will usually have a DJ at the weekends.		
Tue	11pm	1am			
Wed	11pm	1am	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	11pm	1am	<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)		
Fri	11pm	1am			
Sat	11pm	1am			
Sun	11pm	1am			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<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 the performance of dance</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 dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

**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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)  Madre is a Mexican restaurant that will serve food and drink through till 1am. Guests are served hot food and drink by servers at their tables throughout the day.		
	11am	1am			
Tue					
	11am	1am			
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
	11am	1am			
Thur					
	11am	1am			
Fri			<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)		
	11am	1am			
Sat					
	11am	1am			
Sun					
	11am	1am			

**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	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	11am	1am	<p>Alcohol will be served throughout the day. The bar specialises in Mexican spirits and cocktails but also serves wine, beer, soft drinks. In the summer months we will service some a small number of tables outside.</p> <p><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)</p> <p>In line with the seasonal variation in trading there may be times exceptions such as New year/Pride weekend where we will serve until 2am</p>		
Tue	11am	1am			
Wed	11am	1am			
Thur	11am	1am			
Fri	11am	1am			
Sat	11am	1am			
Sun	11am	1am			

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

<b>Name</b>	Chris Edwards
<b>Date of birth</b>	██████████
<b>Address</b>	██████████ ██████████ ██████████
<b>Postcode</b>	██████████
<b>Personal licence number (if known)</b>	██████████
<b>Issuing licensing authority (if known)</b>	████████████████████

## K

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children** (please read guidance note 9).

not applicable

## L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)  There may be occasions where we will stay open until 2am such as New Year, pride weekend, and other local festivals.
Day	Start	Finish	<b><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></b> (please read guidance note 6)
Mon			
	11am	1am	
Tue			
	11am	1am	
Wed			
	11am	1am	
Thur			
	11am	1am	
Fri			
	11am	1am	
Sat			
	11am	1am	
Sun			
	11am	1am	



# 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)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES WE WILL KEEP:

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 with particular attention to:

- a/ no selling of alcohol to underage people
- b/ no drunk and disorderly behavior on the premises area or outside the premises
- c/ vigilance in preventing the use and sale of illegal drugs at the retail area
- d/ no violent and anti-social behaviour
- e/ no any harm to children

- Operating Schedule providing the hours of operation and licensable activities during those hours.
- Designated premises supervisor confirmed is obligated to be in day-to-day control of the premises, to provide good training for staff on the Licensing Act (Training Record), and to make or authorise each sale
- Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers.
- CCTV system installed with recording option available, with no blind spots front of house
- Roller metal exterior window shutter will be fixed front and rear of the unit to ensure that shop is safe and secure at all times

As a licensed premises we know that it is necessary to carry out our functions or operate their businesses with a purpose of promoting these objectives. We promise to support these objectives through their operating schedules and other measures (including staff training and qualifications, policies, and strategic partnerships with other agencies).

## b) The prevention of crime and disorder

CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective. We will endeavour to have no blind spots and a camera directly facing the entrance to ensure good facial documentation of all visitors. A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.

Clear and conspicuous notices warning of potential criminal activity, such as theft, that may target customers will be displayed.

Not selling of alcohol to drunk or intoxicated customers.

Custom will not be sought by means of personal solicitation outside or in the vicinity of the premises.

Prevention and vigilance in illegal drug use at the retail unit area.

Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the retail unit (ex. canned or bottled beer).

A log book will also be kept of any such activity.

Regular toilet checks will be employed to dissuade any drug abuse and anybody found to be using drugs on the premises will have them confiscated and they will be ejected from the venue.

Any confiscated paraphernalia will be put into a lock box, logged, and reported to the police for them to collect on a monthly basis

## c) Public safety

Internal and external lighting fixed to promote the public safety objective.

Well trained staff adherence to environmental health requirements.

Training and implementation of underage ID checks.

A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made; those required to be made by statute, and information compiled to comply with any public safety condition attached to the premises licence that requires the recording of such information. The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.

All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, heating, electrical, air condition, sanitary.

As a registered food premises, we will go through Environmental Health Agency to obtain a 5\* hygiene rating.

## 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.

Limiter set by a sound engineer to ensure no noise pollution to neighbouring residents, and sound insulation installed if necessary.

Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents.

The Licensee will ensure that staff who arrive early morning or depart late at night (ex. for unpacking, pricing newly delivered goods) when the business has ceased trading conduct themselves in such a manner to avoid causing disturbance to nearby residents.

Customers will be asked not to stand around loudly talking in the street outside the premises.

Customers will not be admitted to premises above opening hours.

The movement of bins and rubbish outside the premises will be kept to a minimum after 11.00pm. This will help to reduce the levels of noise produced by the premises.

Any lighting on or outside the premises will be positioned and screened in such a way so as to not cause a disturbance to nearby residents.

Adequate waste receptacles for use by customers will be provided in the local vicinity.

## e) The protection of children from harm

"Challenge 25" sign which is a retailing strategy that encourages anyone who is over 18 but looks under 25 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 requirement for persons' identification, age establishment etc.

All the details provided in Training Record Book available the retail unit.

Log Book will be kept upon the premises all the time.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. **Could you please send me a link to pay**
- 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 have made the DPS application online**
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

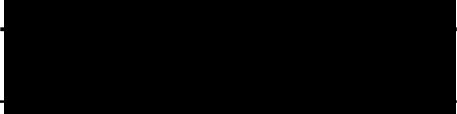
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

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

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

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

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><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</li></ul>
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	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	11/2/22
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)			