

**Application for a premises licence to be granted under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

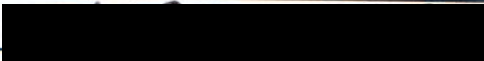

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We ACHIEVABLE COMMUNITY SERVICES 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 <u>2 EMPIRE STREET</u> <u>CHEETHAM HILL</u>			
Post town	<u>MANCHESTER</u>	Postcode	<u>M3 1JA</u>
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 *                    | <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)

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					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

Telephone number (if any)

E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
01 12 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)

A ONE STOREY BUILDING COMPRISING:  
GROUND FLOOR: RECEPTION, MAIN EVENT HALL  
KITCHEN & DISABLE TOILET  
FIRST FLOOR: SMALL HALL, TOILETS  
OFFICES & CHANGING ROOM

If 5,000 or more people are expected to attend the premises at any  
one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that  
apply

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☒
- f) recorded music (if ticking yes, fill in box F) ☒
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H) ☒

**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	ACHIEVABLE COMMUNITY SERVICES LTD
Address	9 FIRWOOD CRESCENT RADCLIFFE, MANCHESTER M26 1BN
Registered number (where applicable)	1115693
Description of applicant (for example, partnership, company, unincorporated association etc.)	A COMPANY LIMITED BY GUARANTEE

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**

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 4)	
Thur				
Fri			State any seasonal variations for performing plays (please read guidance note 5)	
Sat				
Sun			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)	

# 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				
Mon			<b>Please give further details here</b> (please read guidance note 4)			
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

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<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)
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	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
Tue						
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Wed						
Thur						
			<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)			
Fri						
Sat						
Sun						

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music 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	<b>Please give further details here</b> (please read guidance note 4)		
Mon	1200	2300			
Tue	1200	2300			
Wed	1200	2300	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur	1200	2300	1200 on Christmas eve (24/12) to 0300 on Christmas day (25/12) 1200 on New Year's eve (31/12) to 0300 on New Year day. 1200 val day to 0300 net day		
Fri	1200	0300	<b>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</b> (please read guidance note 6)		
Sat	1200	0300			
Sun	1200	2300			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>	
					Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon	1200	2300	<b>Please give further details here</b> (please read guidance note 4)				
Tue	1200	2300					
Wed	1200	2300	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) 1200 Christmas eve to 0300 Christmas day. 1200 on 31/12 to 0300 New year day. 1200 on Valentine day to 0300 next day.				
Thur	1200	2300					
Fri	1200	0300	<b>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</b> (please read guidance note 6)				
Sat	1200	0300					
Sun	1200	2300					

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
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

<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  NIGHT CLUBS / AFRICAN CULTURAL NIGHTS		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	1200	2300		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	1200	2300	<b>Please give further details here</b> (please read guidance note 4)		
Wed	1200	2300			
Thur	1200	2300	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5) BANK HOLIDAYS 1200 on days before to 0300 on bank holidays.		
Fri	1200	0300			
Sat	1200	0300	<b>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</b> (please read guidance note 6)		
Sun	1200	2300			

**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 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			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)	
Thur				
Fri				
Sat			<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)	
Sun				

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	1200	2300			
Tue	1200	2300			
Wed	1200	2300			
Thur	1200	2300	<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)  Alcohol will be supplied on Premises ONLY when hired for use as NIGHT CLUB or CULTURAL NIGHT when alcohol will be sold. These will be limited to Fridays, and Saturdays and public holidays.		
Fri	1200	0300			
Sat	1200	0300			
Sun	1200	2300			

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	SURAJU OLADAPO AMOLA	
Date of birth		
Address		
Postcode		
Personal licence number (if known)	BUR 26 88	
Issuing licensing authority (if known)	BURY 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).

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	<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)  CLOSED ON SUNDAYS EXCEPT WHEN THERE IS A BOOKED EVENT.
Mon	1200	2300	
Tue	1200	2300	
Wed	1200	2300	
Thur	1200	2300	
Fri	1200	0300	
Sat	1200	0300	
Sun	1200	2300	

## 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)

- PROVISION OF 24 HOURS CCTV
- ACTIVE FIRE ALARM SYSTEM & REGULAR FIRE RISK ASSESSMENTS
- SIA LICENSED DOOR SUPERVISORS - CHALLENGE 25 PRACTICE & NOISE CONTROL
- MANAGED CAR PARKING & GUESTS DISPERSAL ADVICE

### b) The prevention of crime and disorder

- PROVISION OF VISIBLE 14 CAMERA CCTV SYSTEM
- USE OF LICENSED DOOR SUPERVISORS
- CONTROLLED SALE OF ALCOHOL
- QUEUE MANAGEMENT

### c) Public safety

- ACTIVE FIRE ALARM SYSTEM
- MAXIMUM GUEST CAPACITY OF 350
- PUBLIC SAFETY INFORMATION
- HEALTH & SAFETY INFORMATION
- SEARCH POLICY TO PREVENT DRUGS & WEAPONS

### d) The prevention of public nuisance

- CONTROLLED SALE OF ALCOHOL
- NOISE CONTROL
- MANAGED CAR PARKING ARRANGEMENT
- REGULAR ADVICE ON GUESTS DISPERSAL
- ZERO TOLERANCE OF ILLEGAL DRUGS

### e) The protection of children from harm

- CHALLENGE 25 PRACTICE TO PREVENT ENTRY OF CHILDREN WHEN ALCOHOL IS SERVED AND WHEN PREMISES IS USED AS NIGHT CLUB.

**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 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	[REDACTED]
Date	03-10-2022
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.**

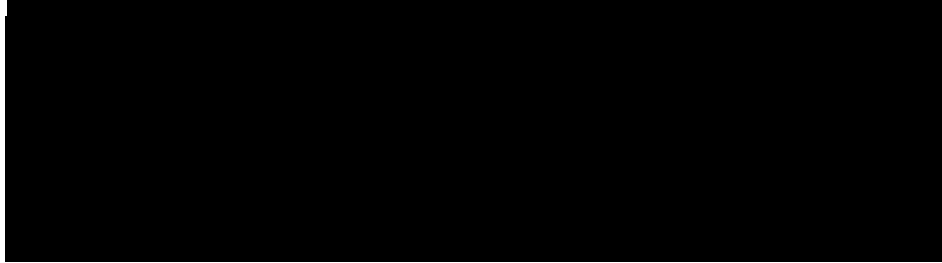
Signature	
Date	
Capacity	

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)		

Consent of individual to being specified as premises supervisor

I SURAJU OLADAPO AYoola  
[full name of prospective premises supervisor]

of



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE  
[type of application]

by

ACHIEVABLE COMMUNITY SERVICES  
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

EMPIRE HOUSE  
2 EMPIRE STREET, CHEETHAM HILL  
MANCHESTER  
M3 1JA

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

ACHIEVABLE COMMUNITY SERVICES  
[name of applicant]

concerning the supply of alcohol at

EMPIRE HOUSE  
2 EMPIRE STREET, CHEETHAM HILL  
MANCHESTER  
M3 1JA

[name and address of premises to which application relates]

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

Personal licence number

BUR2688

[insert personal licence number, if any]

Personal licence issuing authority

BURN COUNCIL

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

Signed



Name (please print)

SURAJU OLADARO AMOOLA

Date

03-10-2022