

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 THISTLE PROPERTY HOLDINGS GROUP 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			
PANACEA. Basement Ridgfield House 14 JOHN DARTON Street			
Post town	MANCHESTER	Postcode	M26 3R
Telephone number at premises (if any)		T.B.C.	
Non-domestic rateable value of premises		£ 68,000	

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		N/A			
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)					

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)					
<u>H/A</u>					
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	THISTLE PROPERTY HOLDINGS GROUP LTD
Address	12 SILVER STREET WAKEFIELD WF1 10Y
Registered number (where applicable)	11844778
Description of applicant (for example, partnership, company, unincorporated association etc.)	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
15	11	11

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)

RESTAURANT & BAR.
SERVING FOOD.

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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Not required: Confirmed by applicant.



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 <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	n/a .	
Tue			State any seasonal variations for performing plays (please read guidance note 5)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> N/A </div>
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

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

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
Day	Start	Finish		Outdoors
Mon	11:00	04:00	Please give further details here (please read guidance note 4)	
Tue	11:00	04:00		
Wed	11:00	04:00	State any seasonal variations for the performance of live music (please read guidance note 5)	
Thur	11:00	04:00		
Fri	11:00	04:00	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)	
Sat	11:00	04:00		
Sun	11:00	02:00		

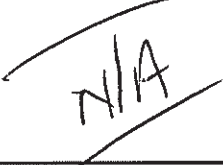
F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
Day	Start	Finish		Outdoors
				Both
Mon	11:00	04:00	Please give further details here (please read guidance note 4)	
Tue	11:00	04:00		
Wed	11:00	04:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Thur	11:00	04:00		
Fri	11:00	04:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)	
Sat	11:00	04:00		
Sun	11:00	02:00		

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
Day	Start	Finish		Outdoors
Mon	11:00	04:00		Please give further details here (please read guidance note 4)
Tue	11:00	04:00		
Wed	11:00	04:00	State any seasonal variations for the performance of dance (please read guidance note 5)	
Thur	11:00	04:00		
Fri	11:00	04:00	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	11:00	04:00		
Sun	11:00	02:00		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	23:00	04:30	Please give further details here (please read guidance note 4)		
Tue	23:00	04:30			
Wed	23:00	04:30	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23:00	04:30			
Fri	23:00	04:30	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 (please read guidance note 6)		
Sat	23:00	04:30			
Sun	23:00	02:30			

On the premises: See email

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	
Day	Start	Finish		Off the premises	
				Both	
Mon	11:00	04:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	11:00	04:00			
Wed	11:00	04:00			
Thur	11:00	04:00			
Fri	11:00	04:00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	11:00	04:00			
Sun	11:00	02:00			

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	LAURO ANDRÉ CARNALHO MACEDO
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	169170
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).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	11:00	04:30	
Tue	11:00	04:30	
Wed	11:00	04:30	
Thur	11:00	04:30	
Fri	11:00	04:30	
Sat	11:00	04:30	
Sun	11:00	02:30	

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 (please read guidance note 6)

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)

1. No selling of Alcohol to underage People.
2. No drunk and disorderly behaviour on or off the Premises when leaving.
3. Vigilance in Preventing the use and Sale of drugs on or off the Premises in retail Areas.
4. NO VIOLENCE AND ANTI SOCIAL behavior allowed.
5. NO HARM to children.

b) The prevention of crime and disorder

CCTV System's in use & cameras to monitor entrances, exits, and other parts of the Premises in order to address the Prevention of crime objective.
Well trained staff adherence to environmental health requirements, training & implementation of under 18s checks. Staff will be trained in Asking customers to use Premises in an orderly and respectful manner & prevent drinking at the exits when leaving.

c) Public safety

Internal & external lighting fixed to promote the Public Safety objective with well trained staff adherence to environmental health requirements and implementation of under 18s ID checks (challenge 25). A log book or recording system will be maintained upon the Premises in which shall be entered particulars of inspections made. These are required by statute & information to comply with any public safety

or licensing conditions to the Premises (note taking in outside setting Areas that require the recording of such information).

d) The prevention of public nuisance

Nause reduction measures to address the Public nuisance objective as follows clear & prominent legible signage and notices will be displayed at the exits requesting the Public to respect the needs of nearby properties & any residential flats and to leave the Premises quietly.

e) The protection of children from harm

Challenge 25 Sign which is a relaxing strategy that encourages anyone who is over 18 but looks under 25, to carry acceptable ID (Card bearing the Pass hologram, a photographic driving licence or a passport, or military service card), a log book will be kept on the Premises to control these checks, and make sure existing health & safety requirements are maintained for the staff and the Public.

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.**

Declaration	<ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or
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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	29/3/23
Capacity	ASSOCIATE

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	N/A -
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

From: [REDACTED]
 Sent: 18 April 2023 10:08
 To: Premises Licensing <Premises.Licensing@manchester.gov.uk>
 Subject: RE: Premises licence application reference 287310/PW5:Panacea, Basement, Ridgfield House, 14 John Dalton Street, Manchester, M2 6JR NOT CURRENTLY ACCEPTED

Patrick

Alcohol will only be for consumption on the premises.

Regards

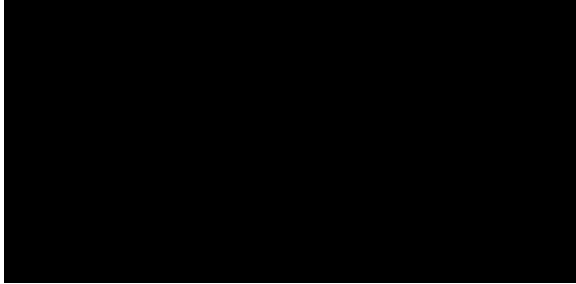
[REDACTED]

Associate

Consent of individual to being specified as premises supervisor

I LAURO ANDRE GARVALHO MACEDO
[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 APPLICATION
[type of application]

by

THISTLE PROPERTY HOLDINGS GROUP LTD.
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

PANA CEA
Basement
Ridgefield House
14 JOHN DALTON Street Manchester M2 6JR.

[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

TRISTAR PROPERTY HOLDINGS GROUP LTD.
[name of applicant]

concerning the supply of alcohol at

PALACEA
Basement
Ridgefield House
14 JOHN DALTON STREET
MANCHESTER M2 6SR.
[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.

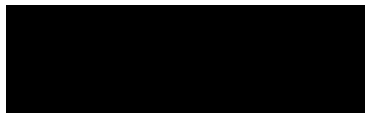
Personal licence number

169170
[insert personal licence number, if any]

Personal licence issuing authority

SALFORD CITY COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]
CNIC CENTRE
CHARLEY ROAD
SALFORD M27 5AW

Signed



Name (please print)

LAURO ANDRE CARVALHO MACEDO

Date

13/4/2023