

**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.

**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			
2 Empire Street Cheetham Hill			
<b>Post town</b>	Manchester	<b>Postcode</b>	<b>M3 1JA</b>

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	<b>£34000</b>

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input checked="" 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>		I am 18 years old or over	<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 Achievable Community Services Ltd
Address 9 Firwood Crescent Radcliffe Manchester M26 1BN
Registered number (where applicable) 11115693
Description of applicant (for example, partnership, company, unincorporated association etc.)  A company limited by guarantee
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)

A two storey building situated in a commercial area of Manchester. The premise comprises of A Ground floor function room with catering kitchen. Facilities include a disabled access toilet. A first floor smaller function room. Both rooms are self-contained with separate emergency exits.

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)

**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			
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

<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

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	23.00	04.00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	23.00	04.00			
Wed	23.00	04.00	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Thur	23.00	04.00			
Fri	23.00	04.00	<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)		
Sat	23.00	04.00			
Sun	23.00	04.00			

**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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	23.00	04.00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	23.00	04.00			
Wed	23.00	04.00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	23.00	04.00			
Fri	23.00	04.00	<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)		
Sat	23.00	04.00			
Sun	23.00	04.00			

# G

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

**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	12.00	04.00						
Tue	12.00	04.00						
Wed	12.00	04.00						
Thur	12.00	04.00				<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	12.00	04.00						
Sat	12.00	04.00						
Sun	12.00	04.00						

**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 Suraju Oladapo Ayolola	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) Bury	

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	12.00	04.30	<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	12.00	04.30	
Wed	12.00	04.30	
Thur	12.00	04.30	
Fri	12.00	04.30	
Sat	12.00	04.30	
Sun	12.00	04.30	



**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)**

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

The premises shall install and maintain a comprehensive digital colour CCTV system. All public areas of the licensed premises, including all public entry and exit points. The CCTV cameras shall continually record whilst the premises are open to the public and recording shall be kept available and unedited for a minimum of 28 days with the date and time stamping. A staff member who is conversant with the operation of the CCTV system shall be present on the premises at all times when they are open to the public and must be able to produce / download / burn CCTV images upon request by a police officer or an authorised officer of the licensing authority. Any footage must be in a format so it can be played back on a standard personal computer or standard DVD player. Where the recording is on a removable medium (i.e. compact disc, flash card etc.), a secure storage system to store those recording mediums shall be provided.

An incident log (which may be electronically recorded) shall be kept at the premises for at least six months, and made available on request to the Police or an authorised officer of the licensing authority, which will record the following incidents including pertinent details:

- (a) all crimes reported to the venue, or by the venue to the Police
- (b) all ejections of patrons
- (c) any incidents of disorder
- (d) any faults in the CCTV system
- (e) any visit by a relevant authority or emergency service

The Designated Premises Supervisor shall ensure that a written notice of authority is kept at the premises for all staff who sell alcohol. The notice shall be made available for inspection upon request of the police or an authorised officer of the licensing authority and all staff selling alcohol must be in possession of formal identification to enable to verify their identity against the notice.

**c) Public safety**

The building has a range of suitable fire extinguishers situated around the licensed area.

**d) The prevention of public nuisance**

**Implementation**

Pursuant to supporting the 4 licensing objectives, at the end of all events and when the venue is closing, staff and door supervisors shall assist with safe, quiet and orderly dispersal of patrons from the area in such that minimise any disturbance to our neighbours.

In specific, the plan detailed below will be supervised by the duty manager on event days with guidance and directives from the designated premises supervisor (DPS).

<b>S/N O</b>	<b>TIME UNTILL EVENT ENDS</b>	<b>ACTION REQUIRED</b>	<b>AIM</b>
1	60 Minutes	Br staff uses DJ's system to announce that events ends in one hour and that the bar will be shut in 30 minutes.	To prompt patrons to start planning their departure
2	60 -30 minutes	Start clearing / removing all unused bottles, drinks and empty all receptacles	To prevent last minute clean up, send further signals closing and remove potential hazards.
3	30 minutes	DJ begins to reduce music volume and changes to on music with lower tempo	To further signal end of event and trigger decision by patrons to leave.
4	30 minutes	Bar shuts down and will serve ONLY tap water.	To stop further consumption of alcohol.

		DJ announces to patrons to be respectful of neighbours as they depart.	Ensure that patrons are reminded to exit quietly and orderly.	
5	30 minutes	Staff and Door Supervisors in high visibility vests relocate to designated exits.	To encourage patrons to leave quietly and respect neighbours.	
6	10 minutes	Staff begins to encourage customers to drink up and make their ways quietly to the exits.	To encourage gradual dispersal and avoid mass exit.	
7	5 minutes	DJ announces last song	To signal end of event	
8	0 minute	DJ thanks all patrons and request them to leave quietly. Music stopped and public address system is disabled.  Door Supervisors continue to coordinate safe, quiet dispersal of customers	To ensure quiet and peaceful dispersal	
9	Plus 10 minutes	Firmly request all remaining patrons to leave premises and be ready to enforce a respectful environment	To ensure that all patrons leave the premises without any incident.	
10	Plus 30 minutes	Final lockdown checks	End of day	

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

**THINK 25 Policy and Acceptable forms of ID**

As a responsible venue, We are absolutely committed to protecting children from harm. It is really important to us that age restricted products do not end up in the hands of those underage. We are not only legally obliged to do this, but also recognise the importance of this as part of our company values to make a positive difference in our communities.

Below is the list of IDs we accept as proof of age.

- Current passports or an equivalent form of identification such as a national identity card with a photo and date of birth (all nationalities), these must show expiry dates
- Current photographic driving licences or provisional licences and date of birth (all nationalities), these must show expiry dates.
- Military IDs with a photo and date of birth (UK only)

- Cards with a PASS logo such as Citizen, Connexions, Validate or Young Scot, these must have holograms.
- Biometric residence permits (BRPs)

Under no condition will ANY young person without acceptable proof of identification be admitted and / or be allowed to purchase alcohol. Colleagues are reminded of the responsibility to prevent children from harm as prescribed by the Licensing Act. Failure to comply with the provisions of this policy will lead to serious disciplinary actions.

**Refusal of Entry / Service**

In the event that a prospective customer is refused access or service, entry must be made in the entry / service refusal book.

**This document is intended to form part of Empire House Assignment Instruction for security personnel on duty.**

Re

**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 (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 her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
Signature	██████████
Date	04/06/2023
Capacity	Agent for applicant

**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)			