

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.

(1) Delete as applicable.
(2) Insert name(s) of applicant.

(1) ~~[I]~~ **[We]** (2) VITA LIVING T1 LIMITED

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and (1) [I am][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 UNION EAST TOWER WATER STREET			
Post town	MANCHESTER	Postcode	M3 4JQ
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 | <input type="checkbox"/> please complete section (B) |
| f) a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 '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									
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 'share code' provided to the applicant by that service (please see note 15 for information)									

(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	VITA LIVING T1 LIMITED
Address	HORSESHOE FARM ELKINGTON WAY ALDERLEY EDGE CHESHIRE SK9 7GU
Registered number (where applicable)	11928326
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
<input type="text" value="0"/> <input type="text" value="6"/>	<input type="text" value="0"/> <input type="text" value="9"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>

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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

LICENCE TO COVER RECEPTION (INCLUDING ALCOHOL VENDING MACHINE), EXTERNAL AREA AND FIRST FLOOR AMENITY SPACE - AS MORE PARTICULARLY DELINEATED ON THE ACCOMPANYING PLANS.

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

Provision of late night refreshment (if ticking yes, fill in box I)	<input checked="" type="checkbox"/>
Supply of alcohol (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

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)	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					
			State any seasonal variations for performing plays (please read guidance note 5)		
Wed					
Thur					
			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)		
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	2300	2400			
Tue	2300	2400			
			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed	2300	2400	FROM THE START TIME ON NEW YEAR'S EVE TO THE TERMINAL HOUR FOR NEW YEAR'S DAY		
Thur	2300	2400			
			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)		
Fri	2300	2400			
Sat	2300	2400			
Sun	2300	2400			

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			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thur			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 (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment 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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Tue				
Wed				
Thur			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 (please read guidance note 6)	
Fri				
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	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon	2300	2400				
Tue	2300	2400				
Wed	2300	2400	State any seasonal variations for the performance of live music (please read guidance note 5) FROM THE START TIME ON NEW YEAR'S EVE TO THE TERMINAL HOUR FOR NEW YEAR'S DAY			
Thur	2300	2400				
Fri	2300	2400	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	2300	2400				
Sun	2300	2400				

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	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon	2300	2400				
Tue	2300	2400				
Wed	2300	2400	State any seasonal variations for the playing of recorded music (please read guidance note 5) FROM THE START TIME ON NEW YEAR'S EVE TO THE TERMINAL HOUR FOR NEW YEAR'S DAY			
Thur	2300	2400				
Fri	2300	2400	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	2300	2400				
Sun	2300	2400				

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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the performance of dance (please read guidance note 5)			
Wed						
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

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					
					Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
							Outdoors	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
Tue			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)					
Wed								
Thur								
Fri			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 (please read guidance note 6)					
Sat								
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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	2300	0030			
Tue	2300	0030			
Wed	2300	0030			
Thur	2300	0030	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) FROM THE START TIME ON NEW YEAR'S EVE TO THE TERMINAL HOUR FOR NEW YEAR'S DAY		
Fri	2300	0030			
			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	2300	0030			
Sun	2300	0030			

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	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) FROM THE START TIME ON NEW YEAR'S EVE TO THE TERMINAL HOUR FOR NEW YEAR'S DAY		
Mon	0900	2400			
Tue	0900	2400			
Wed	0900	2400			
Thur	0900	2400	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) 24/7 FOR RECEPTION BUT EXCLUDING EXTERNAL AREA LIMITED TO 0900 TO 2300.		
Fri	0900	2400			
Sat	0900	2400			
Sun	0900	2400			

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 JACOB ALEXANDER ATKINSON	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	[REDACTED]

K

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

NONE

L

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	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)
Mon	0000	2400	
Tue	0000	2400	
Wed	0000	2400	
Thur	0000	2400	
Fri	0000	2400	
Sat	0000	2400	
Sun	0000	2400	

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)

THESE ARE LICENCED FACILITIES FOR THE EXCLUSIVE USE OF RESIDENTS AND THEIR BONA FIDE GUESTS.
THERE IS SECURE ACCESS TO THE PREMISES AND LICENCED AREAS, ENTRY TO WHICH WILL BE BY KEY FOB ONLY.
A MEMBER OF STAFF WILL OVERSEE THE OPERATION OF THE PREMISES WHEN LICENSABLE ACTIVITIES ARE BEING PROVIDED.

b) The prevention of crime and disorder

PLEASE SEE ATTACHED.

c) Public safety

PLEASE SEE ATTACHED.

d) The prevention of public nuisance

PLEASE SEE ATTACHED.

e) The protection of children from harm

PLEASE SEE ATTACHED.

Checklist:

Please tick to indicate agreement

● I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
● I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
● I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
● I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
● I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
● I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
● [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).	<input type="checkbox"/>

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 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	08/08/2023
Capacity	SOLICITORS FOR AND ON BEHALF OF THE APPLICANT

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			
Capacity			
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
[REDACTED]			
Post town		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]			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports - defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts - are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
 - Recorded Music: no licence permission is required for:
 - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
 - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
 - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
 - Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
 - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
 - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
 - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
 - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
4. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
5. For example (but not exclusively), where the activity will occur on additional days during the summer months.

6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
7. Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.
8. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
9. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
10. Please list here steps you will take to promote all four licensing objectives together.
11. The application form must be signed.
12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
13. Where there is more than one applicant, each of the applicants or their respective agent must sign the application form.
14. This is the address which we shall use to correspond with you about this application.
15. Entitlement to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:

A licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

They do this in one of two ways:

- 1) by providing with this application, copies or scanned copies of the documents which an applicant has provided, to demonstrate their entitlement to work in the UK (which do not need to be certified) as per information published on gov.uk and in guidance.
- 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

Home Office online right to work checking service

As an alternative to providing a copy of original documents, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth, will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copies of documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

Union St Johns T1

PROPOSED CONDITIONS – Reception And Amenity Space

1. The Premises shall install and maintain a comprehensive CCTV system which shall continually record whilst the premises is open for licensable activities.
2. All licensed areas will be covered enabling frontal identification of every person entering in any light condition.
3. All recordings shall be stored for a minimum period of 28 days with date and time stamping.
4. A staff member from the Premises who is conversant with the operation of the CCTV system shall be on the Premises at all times when the licenced areas are open. This staff member must be able to provide a Police or authorised Council officer viewable copies of CCTV images or data with the absolute minimum of delay when requested.
5. No noise generated on the Premises, or by its associated plant or equipment, shall emanate from the Premises nor vibration be transmitted through the structure of the Premises which gives rise to a nuisance.
6. A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram.
7. An incident log shall be kept at the Premises detailing all refused sales of alcohol. The record should include the date and time of the refused sale and the name of the member of staff who refused the sale. The record shall be available for inspection at the Premises by the Police or an authorised Council officer at all times whilst the Premises is open.

CONDITIONS IN RELATION TO THE ALCOHOL VENDING MACHINE

8. The alcohol vending machine will be located in the building's reception area in view of reception staff.
9. The reception will be staffed 24/7 and each receptionist will be trained on the sale of alcohol and how to deactivate the alcohol vending machine.
10. Access to the reception is by residents and their guests and controlled by key fob entry.
11. CCTV supervision of the alcohol vending machine will run 24/7.
12. All alcohol vending machine transactions will be verified by residents' key fobs containing the users age and name.
13. On any occasion when a member of staff is not present in the reception, the alcohol vending machine will be deactivated by an override card.

Consent of Individual to Being Specified as Premises Supervisor

(1) Insert full name of prospective premises supervisor.

I ⁽¹⁾ JACOB ATKINSON

(2) Insert home address of prospective premises supervisor.

of ⁽²⁾ [REDACTED]

(3) Insert type of application.

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for ⁽³⁾ NEW LICENCE

(4) Insert name of applicant.

by ⁽⁴⁾ VITA LIVING T1 LIMITED

(5) Insert number of existing licence, if any.

relating to a premises licence ⁽⁵⁾

(6) Insert name and address of premises to which the application relates.

for ⁽⁶⁾ UNION EAST TOWER, WATER STREET, MANCHESTER, M3 4JQ

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

made by ⁽⁴⁾ VITA LIVING T1 LIMITED

concerning the supply of alcohol at ⁽⁶⁾

UNION EAST TOWER, WATER STREET, MANCHESTER, M3 4JQ

(7) Delete as applicable.

I also confirm that I am entitled to work in the United Kingdom and ~~for which I intend to apply for~~ ⁽⁷⁾ ~~and applying for~~ ⁽⁷⁾ ~~currently hold~~ a personal licence, details of which I set out below.

(8) Insert personal licence number, if any.

Personal licence number ⁽⁸⁾ [REDACTED]

(9) Insert name and address and telephone number of personal licence issuing authority, if any.

Personal licence issuing authority ⁽⁹⁾ [REDACTED]

(10) Please print.

Signed [REDACTED]

Name ⁽¹⁰⁾ J. ATKINSON

Date 28/7/23

DPS ENQUIRY FORM

Following the implementation of Schedule 4 of the Immigration Act 2016 we are required to provide information about your entitlement to live and work in the UK. Please provide all of the information required below.

Mr, Mrs, Miss, Ms	MR
Name:	JACOB ATKINSON.
Date of Birth:	[REDACTED]
Place of Birth:	[REDACTED]
Nationality	[REDACTED]
Mobile Tel No:	[REDACTED]
Personal Licence No:	[REDACTED]
Issuing Authority	[REDACTED]