

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) MILK FOR HEALTH LTD

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			
THE CREAMERIES 406 WILBRAHAM ROAD			
Post town	MANCHESTER	Postcode	M21 0SD
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 11,750	

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	MILK FOR HEALTH LTD
Address	[REDACTED]
Registered number (where applicable)	15864086
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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <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"/> <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)
CAFE BAR

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

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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 type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input 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"/>

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	<input type="checkbox"/>
<u>Supply of alcohol</u> (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 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 exhibition of films (please read guidance note 5)			
Wed						
Thur						
			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						
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			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 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 live music (please read guidance note 5)		
Wed					
Thur					
			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)		
Fri					
Sat					
Sun					

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 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 playing of recorded music (please read guidance note 5)		
Wed					
Thur					
			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)		
Fri					
Sat					
Sun					

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			State any seasonal variations for the performance of dance (please read guidance note 5)			
Tue						
Wed						
Thur						
Fri						
Sat			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)			
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"/>
Both	<input type="checkbox"/>					
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)			
Tue						
Wed						
Thur						
Fri						
Sat			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)			
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 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 provision of late night refreshment (please read guidance note 5)		
Wed					
Thur					
Fri			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					
Sun					

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)		
Mon	10:00	23:45			
Tue	10:00	23:45	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)		
Wed	10:00	23:45			
Thur	10:00	00:45			
Fri	10:00	00:45			
Sat	10:00	00:45			
Sun	10:00	23:45			

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 NICHOLAS ANTHONY GREENHALGH	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 132935	
Issuing licensing authority (if known) MANCHESTER 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	10:00	00:00	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)
Tue	10:00	00:00	
Wed	10:00	00:00	
Thur	10:00	01:00	
Fri	10:00	01:00	
Sat	10:00	01:00	
Sun	10:00	00:00	

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)

PLEASE SEE ATTACHED CONDITIONS

b) The prevention of crime and disorder

PLEASE SEE ATTACHED CONDITIONS

c) Public safety

PLEASE SEE ATTACHED CONDITIONS

d) The prevention of public nuisance

PLEASE SEE ATTACHED CONDITIONS

e) The protection of children from harm

PLEASE SEE ATTACHED CONDITIONS

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	██████████
Date	21/08/2024
Capacity	████████████████████

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)			
██████████ ██████████ ██████			
Post town		Postcode	██████
Telephone number (if any)	██████████		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
██████████████████			

THE CREAMERIES

PROPOSED CONDITIONS

1. Staff shall have access to handbooks which contain comprehensive guidance on licensing objectives, and health and safety rules.
2. Monthly staff meetings shall be held to discuss any issues relating to upholding the licensing objectives.
3. In addition to any other training, staff training shall cover public safety, fire exit, monitoring of customers, capacity limits and drug policy.
4. The premises shall become a member of and maintain its membership of the local Pub Watch Scheme.
5. The premises shall become a member of and maintain its membership of Chorlton Traders Association.
6. Safety checks shall be carried out each day before the premises opens
7. A crime prevention policy shall be in place for the premises.
8. The premises shall install and maintain a comprehensive digital colour CCTV system. All public areas of the licenced premises, including all public entry and exit points. The CCTV cameras shall continually record whilst the premises are open to the public and recordings 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 a 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.
9. 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 shall 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
10. 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.
11. The premises shall display prominent signage indicating at any point of sale, the entrance to the premises and in all areas where alcohol is located that it is an offence to buy, or attempt to buy, alcohol for a person under the age of 18.
12. A safety plan shall be implemented that shall include fire safety and maintenance inspections. All exit doors shall be easily openable and such doors shall be regularly checked to ensure that they are not obstructed and function satisfactorily.

13. Clear notices shall be displayed with the 'Challenge 25' Scheme. Also a sign to be displayed at the exit encouraging patrons to leave in a quiet manner, respecting the neighbours.
14. Noise or vibration shall not emanate from the premises so as to cause a nuisance to nearby properties.
15. The management and staff shall ensure that the premises and the area immediately surrounding the exterior of the premises are cleaned on a regular basis and remain free from debris and litter.
16. The premises shall use vermin proof bins or a contracted pest control company which shall be documented.
17. No disposal of refuse, including bottles shall be made between the hours of 2300 and 0800.
18. After 21.00 children under the age of 18 shall be accompanied by an adult.
19. Save for consumption in the delineated external area all sales of alcohol for consumption off the premises shall be in sealed containers.
20. Where windows and doors are open, and music played, no noise shall emanate that could give rise to public nuisance.
21. The Challenge 25 scheme shall be operated to ensure that any person who appears to be under the age of 25 shall provide documented proof that he/she is over 18 years of age. Proof of age shall only comprise a passport, photo card driving licence, an HM Forces warrant card, or a card bearing the PASS hologram.
22. A log shall be kept at the premises and record all refused sales of alcohol for the reasons that the person(s) is, or appear to be, under 18 years of age. The log shall record the date and time of the refusal and the name of the member of staff who refused the sale. The log shall be available on request by the police or an authorised officer of Manchester City Council. The log shall be checked on a regular basis by the Designated Premises Supervisor to ensure that it is being and each check shall be recorded.
23. Documented records of training completed shall be kept for each member of staff. Training shall be regularly refreshed and at no greater than 6 monthly intervals. Training records shall be made available for inspection upon request by a police office or an authorised officer of Manchester City Council.