

FAREHAM

BOROUGH COUNCIL

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 in black ink.
- Use additional sheets if necessary.

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

APPENDIX B

I/we LISA DAWN EDWARDS
(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			
177 WEST STREET.			
Post town	FAREHAM.	Postcode	P016 0EF

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 20,000

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 checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 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:

Please tick if yes

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname EDWARDS			First names KISA DAWN		
Date of Birth: [REDACTED]		I am 18 or over <input checked="" type="checkbox"/> Please tick if yes			
Nationality: BRITISH					
Current residential address if different from premises address		5 BRANKESMERE TERRACE, QUEENS CRESENT			
Post town	SOUTHSEA		Postcode	PO5 3HT	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			

Part 3 Operating Schedule

DD MM YYYY

1	4	0	9	2	0	2	1
---	---	---	---	---	---	---	---

When do you want the premises licence to start?

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 and its intended use (please read guidance note 1)

THE INTENTION IS TO TURN FRONT OF PREMISES INTO LOUNGE BAR - TO INCLUDE OUTSIDE SEATING - SALE OF ALCOHOL AND RETAIL OF ALCOHOL.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick any 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

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				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 performing plays</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				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 the exhibition of films</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
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 6)			<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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Both	<input type="checkbox"/>	<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			<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)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	12pm	9pm.	Please give further details here (please read guidance note 4) ON AD-HOC BASIS, SPECIAL EVENTS. ETC. LIVE MUSIC TO BE AMPLIFIED. TO INCLUDE A D.J ON OCCASIONS		
Tue	12pm	9pm			
Wed	12pm	9pm	State any seasonal variations for the performance of live music (please read guidance note 5) THIS IS ONLY GUIDELINE FOR DAYS AS WILL ONLY BE OCCASSIONAL.		
Thur	12pm	9pm			
Fri	12pm	9pm	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	12pm	9pm			
Sun	12pm	9pm			

F

Recorded music Standard days and timings (please read guidance note 6)			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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10am	9pm	Please give further details here (please read guidance note 4) THE ABILITY TO PLAY MUSIC WHEN OPEN - AT PRESENT CLOSED ON MONDAYS		
Tue	10am	9pm			
Wed	10am	9pm	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	10am	9pm			
Fri	10am	9pm	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	10am	9pm			
Sun	10am	9pm			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon			NOT PAID PERFORMANCES. ABILITY TO ALLOW DANCE FROM CUSTOMERS.		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<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> (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 (read guidance note 6)			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 <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)	
Wed				
Thur				
Fri			<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)	
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				

I

Late night refreshment Standard days and timings (please read guidance note 6)			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"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)	
Wed				
Thur				
Fri			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
Sat			<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> (please read guidance note 6)	
Sun				

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
Day	Start	Finish	Both	<input checked="" type="checkbox"/>				
Mon	11am	9pm	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Tue	11am	9pm						
Wed	11am	9pm						
Thur	11am	9pm				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)		
Fri	11am	9pm						
Sat	11am	9pm						
Sun	11am	9pm						

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	LISA DAWN EDWARDS.
Date of Birth:	[REDACTED]
Address	5 BRANKESMERE TERRACE. QUEENS CRESCENT. SOUTHSEA.
Postcode	PO5 3HT.
Personal licence number (if known)	21/02407/LAPERS.
Issuing licensing authority (if known)	PORTSMOUTH.

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).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			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	10am	9pm	
Tue	10am	9pm	
Wed	10am	9pm	
Thur	10am	9pm	
Fri	10am	9pm	
Sat	10am	9pm	
Sun	10am	9pm	

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)			

Return form to The Licensing Team, Fareham Borough Council, Civic Offices, Civic Way, Fareham PO16 7AZ

Data Processing Fair Processing Statement

The information that you provide is used to determine whether or not to grant a Premises Licence. We have a duty to protect the public funds we administer and may use your information for the prevention and detection of fraud. The information may also be used for auditing, monitoring, statistical and other research. Some of the information we hold may be shared with other Council or Government departments, agencies and similar organisations (including law enforcement agencies) to enable them to perform their duties or for comparison purposes. The information we hold about you is normally retained for seven years after the end of the licence period. For further information about the National Fraud Initiative see www.fareham.gov.uk/dpnfi

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)

Due to limited space numbers will be limited and in line with risk assessment and five regulations.

b) The prevention of crime and disorder

STRICT HOURS OF OPERATION.
ANTI-SOCIAL BEHAVIOUR NOT ACCEPTED WITHIN PREMISES.

c) Public safety

RISK ASSESSMENT AND FIRSTAIDER ON SITE.

d) The prevention of public nuisance

OUTSIDE AREA TO BE LIMITED TO FRONT OF PREMISES - TO BE IN VISUAL. - NOTICE TO LEAVE QUIETLY.

e) The protection of children from harm

NO GAMBLING MACHINES ON PREMISES OR ADULT ENTERTAINMENT. RESTRICTION OF NO CHILDREN AT BAR COUNTER AREA.

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)

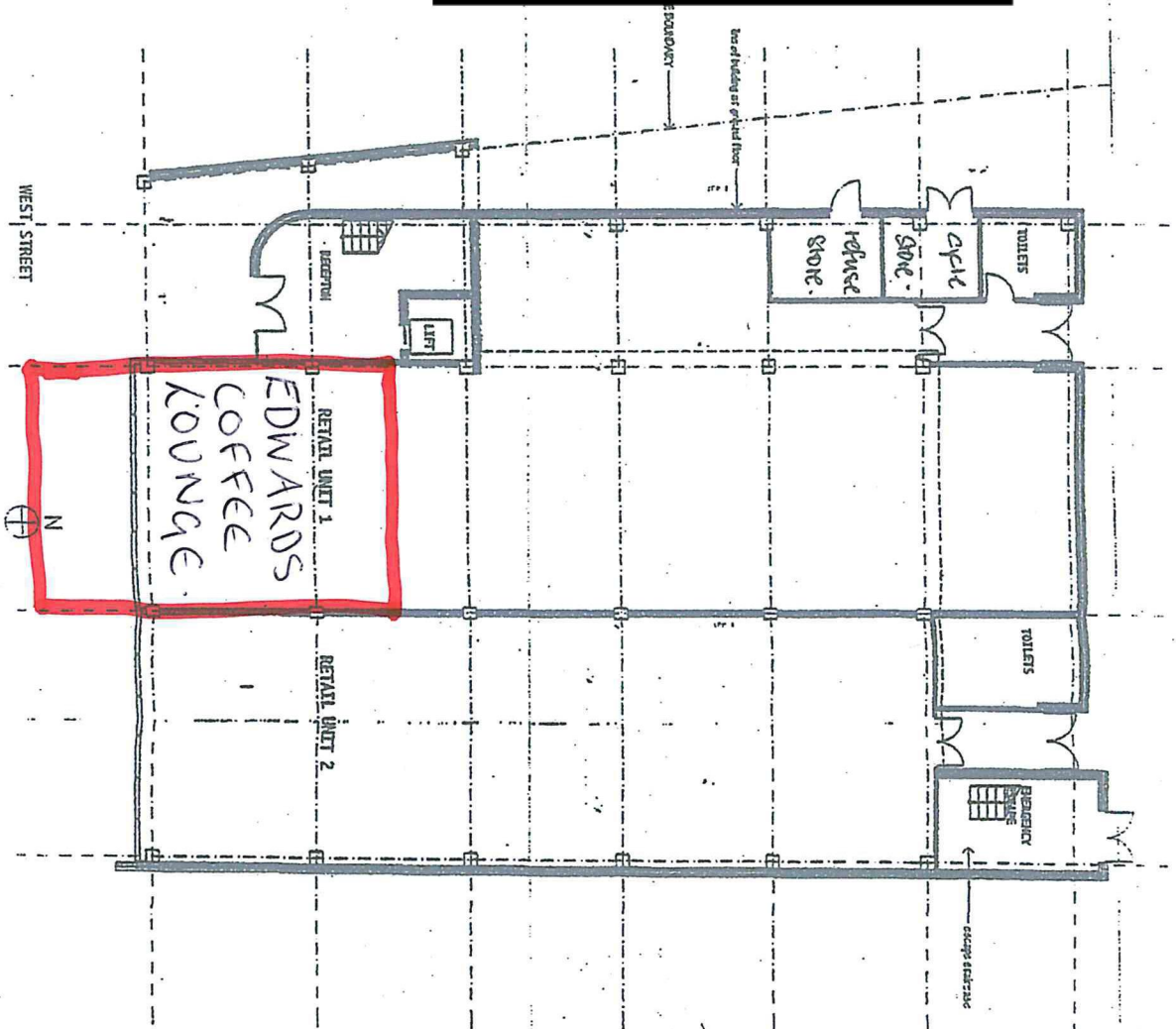
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

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, if appropriate (please see note 15) 	
Signature	
Date	07/09/2021
Capacity	BO

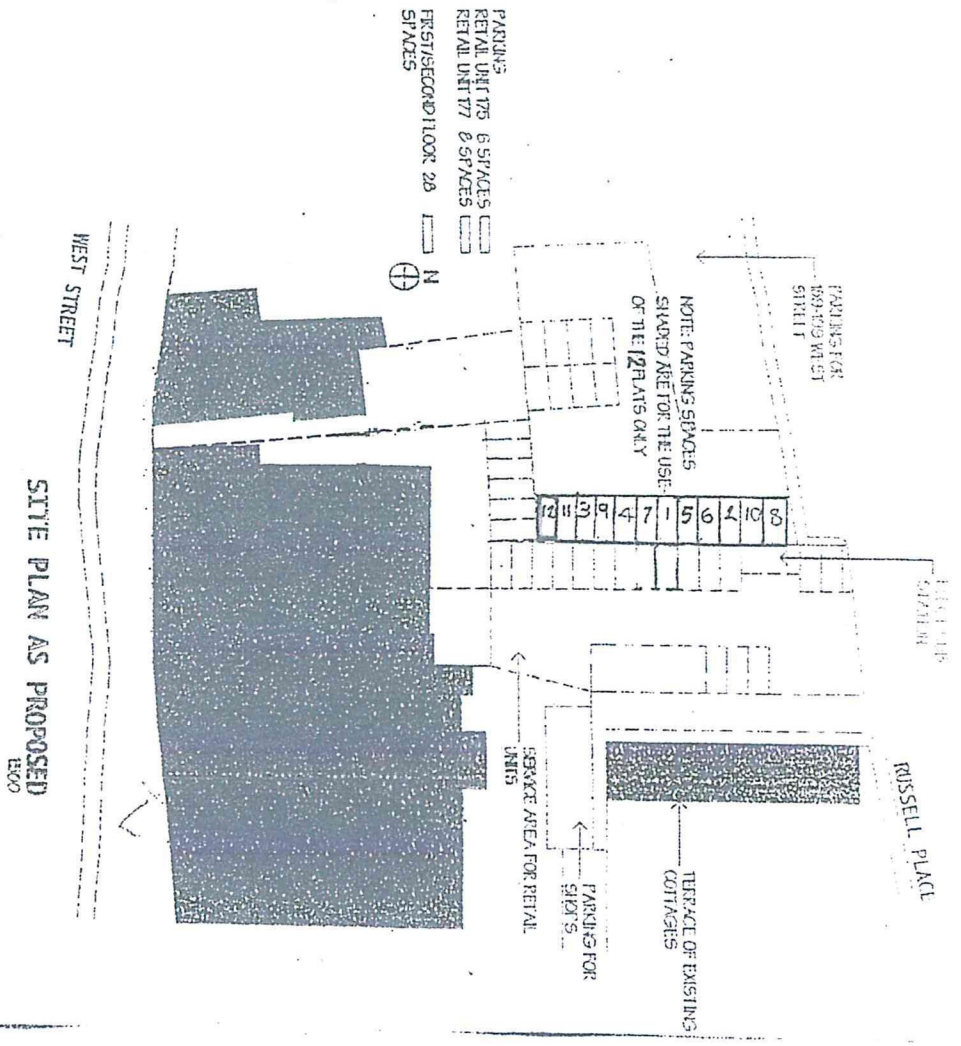
APPENDIX C



GROUND FLOOR PLAN AS PROPOSED (NOTE: THIS REMAINS UNIMPACTED BY THE PROPOSAL)



PLAN 3



PLAN 2.



Consent of individual to being specified as premises supervisor

Lisa Dawn Edwards

I

[full name of prospective premises supervisor]

of

5 Brankesmere Terrace,
Queens Crescent
Southsea
PO5 3HT

[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

Premise Licence

[type of application]

By Lisa Dawn Edwards

[name of applicant]

relating to a premises licence

N/A

[number of existing licence, if any]

for

Edwards Coffee Lounge
177 West Street
Fareham
Hampshire
PO16 0EF

[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

Lisa Dawn Edwards

[name of applicant]

concerning the supply of alcohol at

Edwards Coffee Lounge
177 West Street
Fareham
Hampshire
PO16 0EF

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

21/02407/LAPERS

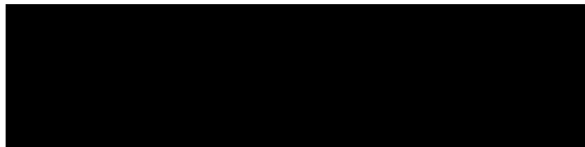
[insert personal licence number, if any]

Personal licence issuing authority

Portsmouth City Council

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

Signed



Name (please print)

Lisa Dawn Edwards

Date

09th September 2021