

Lancaster City 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 written in black ink. Use additional sheets if necessary.

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

We **Hibrid Solutions Limited**

(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			
GDK Lancaster Unit B 112 Penny Street			
Post town	Lancaster	Postcode	LA1 1XT
Telephone number at premises (if any)		01524 383890	
Non-domestic rateable value of premises		Awaiting Valuation	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)

- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity 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:

Please tick 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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	Hibrid Solutions Limited
Address	302 Kingsway Manchester M19 1PS
Registered number (where applicable)	1164069
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited 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
20	04	2019

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

DD	MM	YYYY

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

Restaurant and Takeaway

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 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)

X

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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed					
			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
Fri					
Sat					
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 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)					
Mon	23:00	00:00						
Tue	23:00	00:00						
Wed	23:00	00:00				<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23:00	00:00						
Fri	23:00	01:00						
Sat	23:00	01:00						
Sun	23:00	00:00						

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 8).

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 4)
Day	Start	Finish	
Mon	11:00	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 5)
Tue	11:00	00:00	
Wed	11:00	00:00	
Thur	11:00	00:00	
Fri	11:00	01:00	
Sat	11:00	01:00	
Sun	11:00	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 9)

b) The prevention of crime and disorder

CCTV equipment must be installed and be maintained in good working order in accordance with the manufacturer's instructions. Training should be provided for staff members in the usage of the CCTV equipment. CCTV footage recorded must, as a minimum, cover each entry/exit point of the premises and be recording at all times when the premises is conducting licensable activities. The system will display on any recording the correct time and date of the recording. The images captured must be of a suitable standard required by Lancashire Constabulary.

The images recorded by the CCTV system must be retained in unedited form for a period of not less than 30 days. A staff member who is conversant with the operation of the CCTV system will be on the premises at all times that the premises are open to the public. This staff member will be able to show police or any other authorised person recent data or footage with the absolute minimum of delay, when requested.

The Data Controller will make footage available within a reasonable time to a Police Constable or any other Authorised Officer, where such request is made in accordance with and which satisfies the Data Protection Act 1998.

A Drugs Policy must be in place at the premises and positive action taken when drugs are found. Appropriate signage must be on display and all incidents reported to the Police. Frequent checks of the toilets must be undertaken to check for any drugs use.

Any incidents that occur at the premises must be documented and such records be kept in an appropriate form and be made available for inspection to Police or other authorized agency

c) Public safety

Adequate light provision will be installed outside the entrance to the premises

d) The prevention of public nuisance

Deliveries to the premises will be restricted between 10:00 and 19:00 hours only.
There will be a notice at the exit to the premises requesting customers to leave quietly.

e) The protection of children from harm

Children will only be allowed on the premises when accompanied by an adult after 21:00 hours

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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

I confirm that I am entitled to work in the UK and I am not subject to conditions preventing me from doing work relating to a licensable activity. I enclose a copy of my proof of entitlement to work.

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

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	Malik Rizwan Ullah
Date	12 th March 2019
Capacity	Managing Director

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **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 13)

Mr Malik Rizwan Ullah
 [REDACTED] Kingsway

Post town	Manchester	Postcode	M19 1PS
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Telephone number (if any)	[REDACTED]
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
 gdclangaster@gmail.com

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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. 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.

NOTICE OF AN APPLICATION FOR A PREMISES LICENCE

Date of displaying this advert on the premises: 12th March 2019

We, Hibrid Solutions Limited

Of: GDK Lancaster, Unit B, 112 Penny Street, Lancaster, LA1 1XT

have applied to Lancaster City Council (The Licensing Authority), for a Premises Licence in respect of the above premises in order to extend the hours when hot food may be sold from these premises as follows:-

Day	Extended hours will be:	
	From	To
Monday	23.00 (11p.m.)	00:00 (Midnight)
Tuesday	23.00 (11p.m.)	00:00 (Midnight)
Wednesday	23.00 (11p.m.)	00:00 (Midnight)
Thursday	23.00 (11p.m.)	00:00 (Midnight)
Friday	23.00 (11p.m.)	01:00 am
Saturday	23.00 (11p.m.)	01:00 am
Sunday	23.00 (11p.m.)	00:00 (Midnight)
Bank Holidays	23.00 (11p.m.)	00:00 (Midnight)

Any persons having observations on this application should submit them in writing within 28 days from the display of this Notice to:

The Licensing Manager, Directorate of Communities & The Environment, Town Hall, Marine Road, Morecambe, LA4 5AF
or by email to licensing@lancaster.gov.uk.

The full application may be viewed at **Town Hall, Marine Road, Morecambe** between 10.00 – 12.00 and 14.00 and 16.00 Monday – Friday.

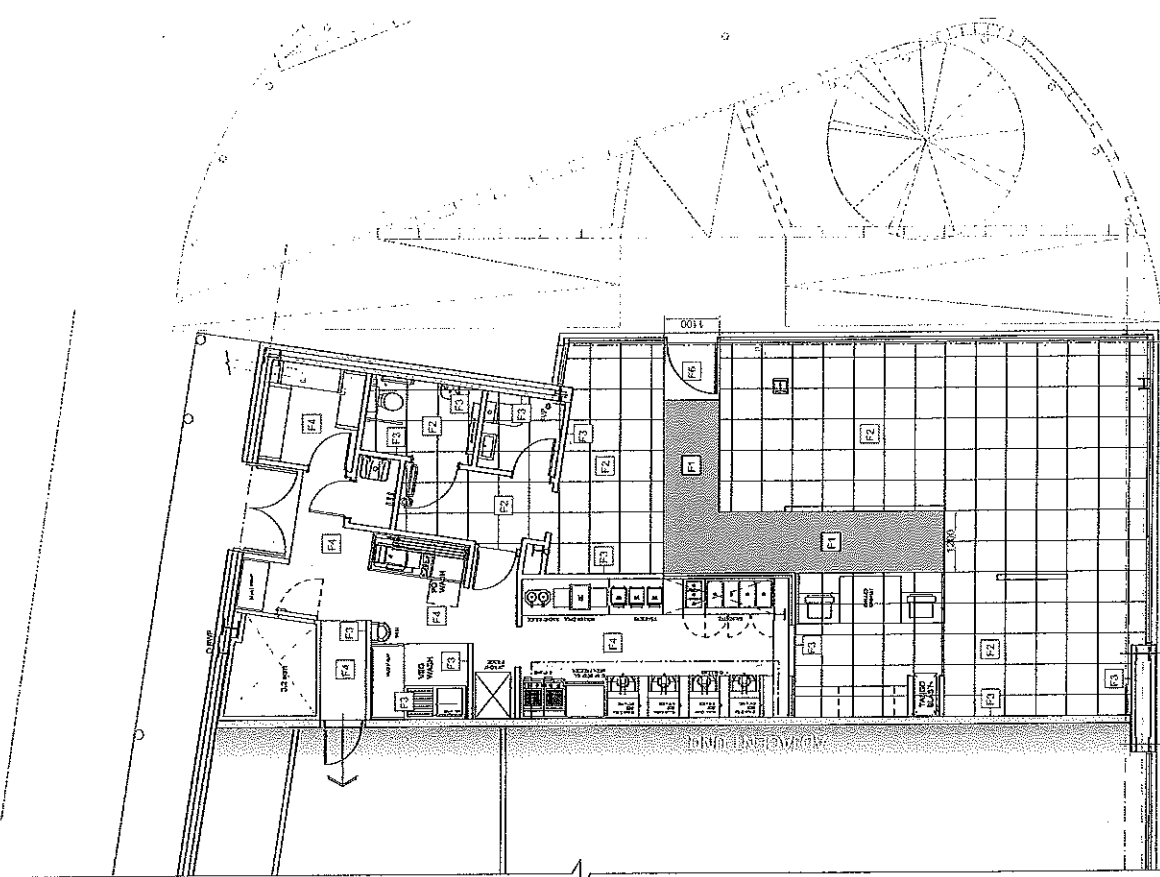
IT IS AN OFFENCE, knowingly or recklessly to make a false statement in connection with an application for which you may be liable to a fine on summary conviction.

FLOORING : Unit B Penny St Lancaster

CONTRACTOR TO VERIFY ALL DIMENSIONS ON SITE PRIOR TO COMMENCING WORK.

ITEM NO.	DESCRIPTION	SUPPLIER
F1	FLOOR FLOORING FLOORING LAYING FLOORING LAYING	CONTRACTOR TO VERIFY ALL DIMENSIONS ON SITE PRIOR TO COMMENCING WORK.
F2	WOOD COAT MATERIAL, TILE GLAZE TO BE APPLIED TO TILES TO BE APPLIED TO OTHER STAIRS	SUPPLIER TO BE NAMED BY CONTRACTOR
F3	WOOD COAT MATERIAL, TILE GLAZE TO BE APPLIED TO OTHER STAIRS	SUPPLIER TO BE NAMED BY CONTRACTOR
F4	ALSO STAIRCASE SAFETY ADDRESSING AND STAIRCASE SAFETY	SUPPLIER TO BE NAMED BY CONTRACTOR
F5	ALSO STAIRCASE SAFETY ADDRESSING AND STAIRCASE SAFETY	SUPPLIER TO BE NAMED BY CONTRACTOR
F6	MAT WELLS MATERIALS TO BE NAMED BY CONTRACTOR	SUPPLIER TO BE NAMED BY CONTRACTOR

MAIN CONTRACTOR TO PROVIDE SCREED THROUGHOUT



PLAN AS PROPOSED: Ground Floor
Scale 1:100 @ A3

NOTES

CONTRACTOR TO VERIFY ALL DIMENSIONS ON SITE PRIOR TO COMMENCING WORK.

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NO.	DESCRIPTION	DATE
A	Issue on project issued	2018
B	Issue on project issued	2018

NO.	DESCRIPTION	DATE

Drawn by: [Name]
Checked by: [Name]
Approved by: [Name]
Date: [Date]

STATUS

PROJECT

GDK
UNIT B
112 PENNY STREET
LANCASTER
LA1 1XT

TITLE

FLOORING AS PROPOSED

SCALE

1:100 @ A3

DATE

JUNE 18

DRAWING NO

GDK-lan-44-1-p.08 B

REV

B

