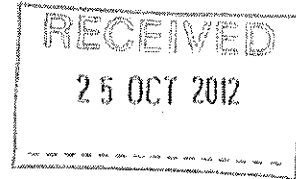


Journal transfer

Lancaster City Council, Town Hall, Dalton Square, Lancaster. LA1 1PJ - licensing authority and its reference number (optional).]



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.

I/We Lancaster City Council
(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			
NICE Bar and Restaurant located in The Storey Institute, Meeting House Lane, Lancaster. LA1 1TH and shown for identification purposes edged and hatched red on the attached plans.			
Post town	Lancaster	Postcode	LA1 1TH

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£19,500

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 Lancaster City Council
Address Town Hall Dalton Square Lancaster LA1 1PJ (F.a.o. Resources – Property Group)
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Freeholder
Telephone number (if any) 01524 582967
E-mail address (optional) property@lancaster.gov.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
23	11	2012

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)

Bar, café and restaurant within a multi-occupied mixed use premises. The area also included an enclosed external courtyard area leading from the bar and café area.

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) | <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) | X |
| f) recorded music (if ticking yes, fill in box F) | X |
| 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) | x |

Provision of late night refreshment (if ticking yes, fill in box I)

x

Supply of alcohol (if ticking yes, fill in box J)

x

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"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>	
Tue						
Wed				State any seasonal variations for performing plays (please read guidance note 4)		
Thur						
Fri						
Sat				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)		
Sun						

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
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 5)		
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 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 5)		
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 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	x
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	8:00	2:30			
Tue	8:00	2:30	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	8:00	2:30			
Thur	8:00	2:30	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 5)		
Fri	8:00	2:30			
Sat	8:00	2:30			
Sun	8:00	2:30			

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 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	x
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	8:00	2:30			
Tue	8:00	2:30			
Wed	8:00	2:30	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thurs	8:00	2:30			
Fri	8:00	2:30			
Sat	8:00	2:30	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 5)		
Sun	8:00	2:30			

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 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
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 5)			
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing Karaoke or similar entertainment		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	x
Mon	8:00	2:30		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	8:00	2:30	<u>Please give further details here</u> (please read guidance note 3)		
Wed	8:00	2:30			
Thurs	8:00	2:30	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri	8:00	2:30			
Sat	8:00	2:30	<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 5)		
Sun	8:00	2:30			

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 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 3)			
Mon	23:00	01:00				
Tue	23:00	01:00				
Wed	23:00	01:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Thurs	23:00	01:00				
Fri	23:00	01:00	<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 5)			
Sat	23:00	01:00				
Sun	23:00	01:00				

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7) The supply of alcohol will only be from the two areas shown hatched red on the attached plan, i.e. the bar and the restaurant.	On the premises	
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	8:00	1:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Tue	8:00	1:00			
Wed	8:00	1:00			
Thurs	8:00	1:00	<u>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</u> (please read guidance note 5)		
Fri	8:00	1:00			
Sat	8:00	1:00			
Sun	8:00	1:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name Paul Rastelli - Lewis	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) PA1572	
Issuing licensing authority (if known) Lancaster 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 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	8:00	2:30	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	8:00	2:30	
Wed	8:00	2:30	
Thurs	8:00	2:30	
Fri	8:00	2:30	
Sat	8:00	2:30	
Sun	8:00	2:30	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

Both city council and NICE staff will be trained to ensure they are able and informed to deal with safety of both the commercial tenants and public visiting the building.
Security and fire systems will be regularly maintained and tested.
Risk assessments will be carried out regularly.

b) The prevention of crime and disorder

Basic CCTV coverage is provided.
The building will be staffed during the hours the building is open to the public.
Staff will receive appropriate training.

c) Public safety

Staff will be trained in First Aid.
Risk assessments will be carried out regularly.
The building will comply with all statutory requirements.

d) The prevention of public nuisance

The building will be staffed during the hours the building is open to the public.
The programme of events and entertainment will be appropriately managed.
Staff will be informed to ensure that all bye-laws are adhered to.

When regulated entertainment is being provided indoors after 23:00 all doors and windows will be kept closed other than for access and egress.

When regulated entertainment is being provided outdoors, this will end at 21:30 from Sunday to Thursday and 23:00 on Friday and Saturday nights.

e) The protection of children from harm

All children will be accompanied by an adult at all times.
 Staff shall operate the Age Awareness Policy.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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.

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	M. J. Greenwood
Date	25th October 2012
Capacity	Principal Valuer (Resources – Property Group)

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)

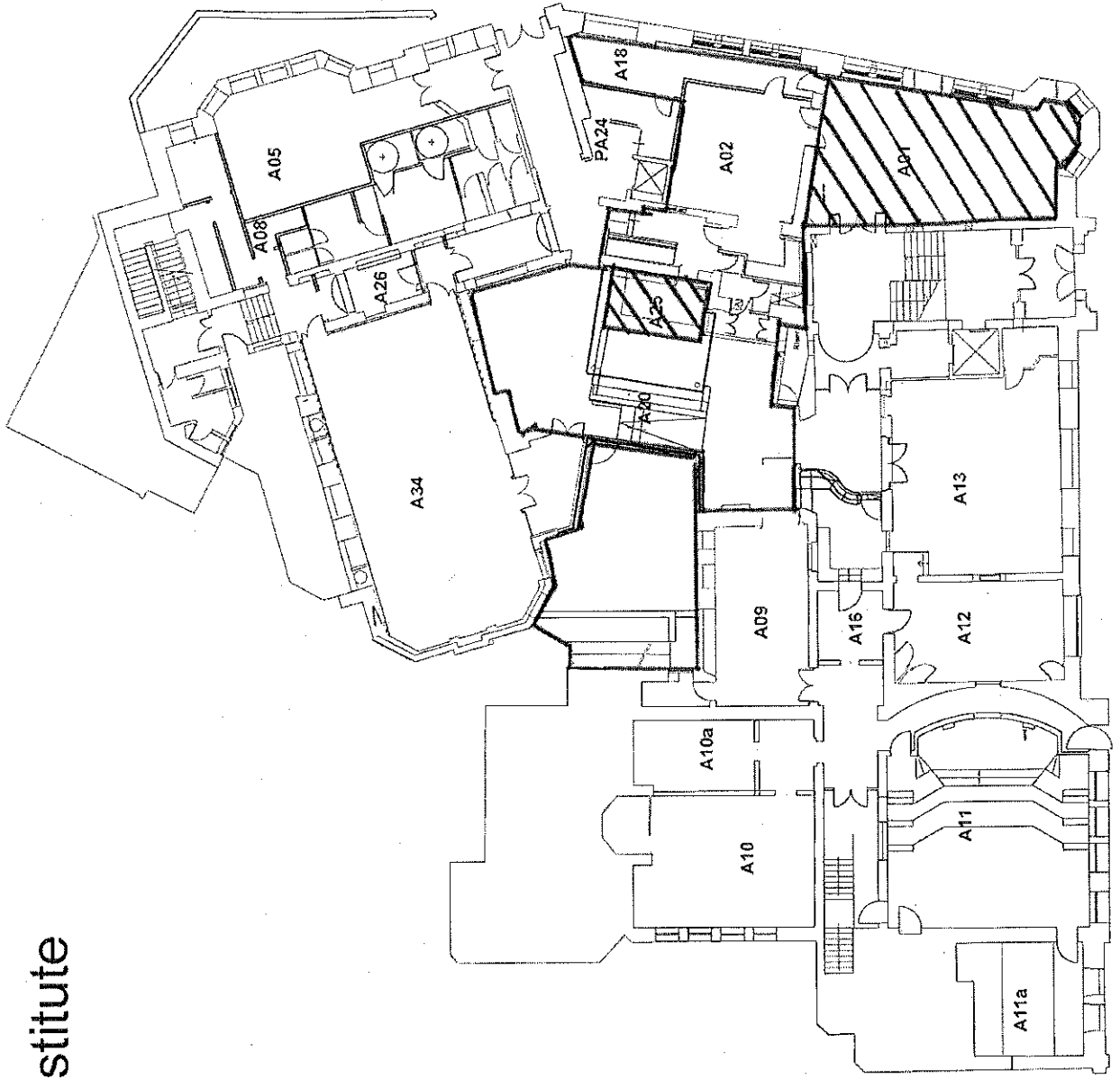
Julia Greenwood, Principal Valuer, Resources – Property Group, Lancaster City Council, Town Hall, Dalton Square, Lancaster. LA1 1PJ.

Post town	Lancaster	Postcode	LA1 1PJ
Telephone number (if any)	01524 582507		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
jgreenwood@lancaster.gov.uk			

Notes for Guidance

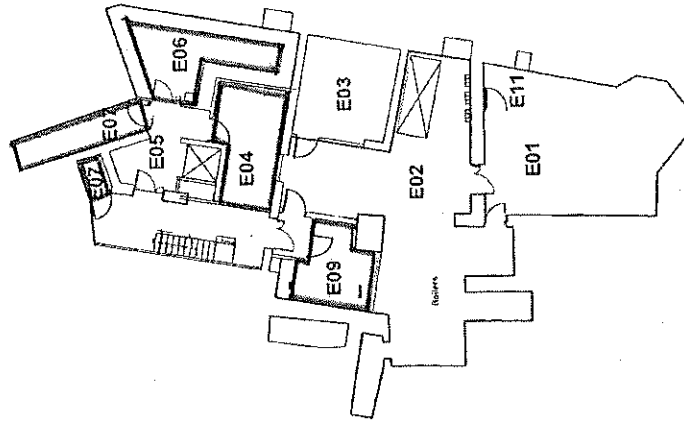
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. 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.
7. 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'.
8. 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.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Storey Institute



Ground Floor

Storey Institute



Basement

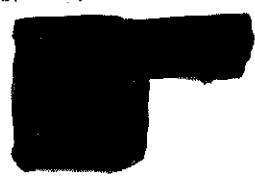
RECEIVED
19 OCT 2012

Consent of individual to being specified as premises supervisor

Paul Rastelli-Lewis

[full name of prospective premises supervisor]

of



[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

[type of application]

by

Lancaster City Council

[name of applicant]

relating to a premises licence **LAPLWA0529**

[number of existing licence, if any]

for

The Storey
NICE Bar and Restaurant
Meeting House Lane
Lancaster
LA11TH

[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

Paul Rastelli-Lewis

[name of applicant]

concerning the supply of alcohol at

The Storey
NICE Bar and Restaurant
Meeting House Lane
Lancaster
LA11TH

[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

LAPA1572

[insert personal licence number, if any]

Personal licence issuing authority

Lancaster City Council

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

Signed



Name (please print)

Paul Rastelli-Lewis

Date

19/10/2012