



# West Lancashire Borough Council Licensing Service

Application for a premises licence to be granted under the  
Licensing Act 2003

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# 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 [ SHAWN & MICHAEL TAYLOR ] apply for a premises licence under section 17 of the  
(insert name(s) of applicant)  
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 |           |
| 144 LIVERPOOL ROAD<br>SKELMERS DALE<br>LANCASHIRE                                    |           |
| Post town  | Post code |
| SKELMERSDALE   | WN8 8BX   |

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

£ 7,500

### Part 2 – Applicant details

Please state whether you are applying for a premises licence as

- |   | Please tick ✓ (yes)   |
|---|---|
| a) An individual or individuals*  | <input type="checkbox"/> Please complete section (A)            |
| b) A person other than an individual*   | <input type="checkbox"/> Please complete section (B)            |
| i. as a limited company   | <input checked="" 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  | <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 | <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 in respect of the carrying on of a regulated activity (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)

a) I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

b) 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  Mrs  Miss  Ms  Other   
(for example, Rev)

Surname

First Names

I am 18 years old or over  Please tick ✓ Yes

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

This section is intentionally blank

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr  Mrs  Miss  Ms  Other   
(for example, Rev)

Surname

First Names

I am 18 years old or over Please tick ✓ Yes

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

E-mail address (optional)

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**(B) OTHER APPLICANTS**

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

|   |   |                   |
|---|---|-------------------|
| Name  | A) SHAWN TAYLOR   | B) MICHAEL TAYLOR |
| Address   | [REDACTED]  | [REDACTED]        |
| Registered Number (where applicable)  | 146 38741   |                   |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | Company   |                   |
| Telephone number (if any)   | [REDACTED]  |                   |
| E-mail address (optional)   | Shawn@thebrothersbars.com<br><del>Shawn@thebrothersbars.com</del> |                   |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

| Day | Month | Year     |
|-----|-------|----------|
| 1   | 4     | 04 26 23 |

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

X 

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

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

X

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

The Premises is located on a main road adjacent to residential properties.

there are flats located above the premises and are accessible via a separate entrance.

the premises is a restaurant and bar with a garden located at the rear of the property.

the internal footprint of the premises has capacity to seat around 50 people at any given time.

**What licensable activities do you intend to carry on from the premises?**

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment:**

- 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)

Please tick ✓  
(yes)

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

**Sale by retail of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes K, L and M

**A**

N/A

|  |              |               |  |          |  |
|--|--------------|---------------|--|----------|--|
| <b>Plays</b><br>Standard days & timings<br>(Please read guidance note 6) |              |               | <b>Will the performance of a play take place indoors or outdoors or both – please tick [✓]</b><br>(Please read guidance note 2).   | Indoors  |  |
|  |              |               |  | Outdoors |  |
|  |              |               |  | Both     |  |
| <b>Day</b>   | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)  |          |  |
| Mon  |              |               |  |          |  |
|  |              |               |  |          |  |
| Tue  |              |               |  |          |  |
|  |              |               |  |          |  |
| Wed  |              |               | <b>State any seasonal variations for performing plays</b> (please read guidance note 4)  |          |  |
|  |              |               |  |          |  |
| Thurs  |              |               |  |          |  |
| Fri  |              |               | <b>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</b> (please read guidance note 5) |          |  |
|  |              |               |  |          |  |
| Sat  |              |               |  |          |  |
| Sun  |              |               |  |          |  |
|  |              |               |  |          |  |

**B**

N/A

|  |              |               |   |          |  |
|--|--------------|---------------|---|----------|--|
| <b>Films</b><br>Standard days & timings<br>(Please read guidance note 6) |              |               | <b>Will the exhibition of films take place indoors or outdoors or both – please tick [✓]</b><br>(Please read guidance note 2).  | Indoors  |  |
|  |              |               |   | Outdoors |  |
|  |              |               |   | Both     |  |
| <b>Day</b>   | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |          |  |
| Mon  |              |               |   |          |  |
|  |              |               |   |          |  |
| Tue  |              |               |   |          |  |
|  |              |               |   |          |  |
| Wed  |              |               | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)  |          |  |
|  |              |               |   |          |  |
| Thurs  |              |               |   |          |  |
| Fri  |              |               | <b>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</b> (please read guidance note 5) |          |  |
|  |              |               |   |          |  |
| Sat  |              |               |   |          |  |
| Sun  |              |               |   |          |  |
|  |              |               |   |          |  |

C N/A

| Indoor sporting events<br>Standard days & timings<br>(Please read guidance note 6) |       |        | Please give further details here (please read guidance note 3)  |
|--|-------|--------|---|
| Day  | Start | Finish |   |
| Mon  |       |        |   |
|  |       |        |   |
| Tue  |       |        | State any seasonal variations for indoor sporting events (please read guidance note 4)  |
|  |       |        |   |
| Wed  |       |        |   |
|  |       |        |   |
| Thurs  |       |        | 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 5) |
|  |       |        |   |
| Fri  |       |        |   |
|  |       |        |   |
| Sat  |       |        |   |
|  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

D N/A

| Boxing or wrestling entertainment<br>Standard days & timings<br>(Please read guidance note 6) |       |        | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓]<br>(Please read guidance note 2). |          |
|---|-------|--------|---|----------|
| Day   | Start | Finish | Indoors   | Outdoors |
| Mon   |       |        |   |          |
|   |       |        |   |          |
| Tue   |       |        |   |          |
|   |       |        |   |          |
| Wed   |       |        |   |          |
|   |       |        |   |          |
| Thurs   |       |        |   |          |
|   |       |        |   |          |
| Fri   |       |        |   |          |
|   |       |        |   |          |
| Sat   |       |        |   |          |
|   |       |        |   |          |
| Sun   |       |        |   |          |
|   |       |        |   |          |



**E**

|   |              |               |   |   |
|---|--------------|---------------|---|---|
| <b>Live music</b><br>Standard days & timings<br>(Please read guidance note 6) |              |               | <b>Will the performance of live music take place indoors or outdoors or both – please tick [✓]</b><br>(Please read guidance note 2).  | Indoors <input checked="" type="checkbox"/> |
|   |              |               |   | Outdoors <input type="checkbox"/>           |
|   |              |               |   | Both <input type="checkbox"/>               |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |   |
| Mon   |              |               | Amplified music via live entertainment<br>Such as Vocalists and Sax Players   |   |
| Tue   |              |               |   |   |
| Wed   |              |               | <b>State any seasonal variations for performing of live music</b> (please read guidance note 4)   |   |
| Thurs   | 6pm          | 10pm          | N/a   |   |
| Fri   |              |               | <b>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</b> (please read guidance note 5) |   |
| Sat   |              |               | N/a   |   |
| Sun   |              |               |   |   |

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**F**

| Recorded music<br>Standard days & timings<br>(Please read guidance note 6) |       |        | Will the playing of recorded music take place indoors or outdoors or both – please tick [✓]<br>(Please read guidance note 2).  | Indoors  | <input checked="" type="checkbox"/> |
|--|-------|--------|--|----------|-------------------------------------|
|  |       |        |  | Outdoors |                                     |
|  |       |        | Both   |          |                                     |
| Day  | Start | Finish | Please give further details here (please read guidance note 3)   |          |                                     |
| Mon  | 12.00 | 23.00  | Amplified music streamed via a music app subscription such as "apple music"  |          |                                     |
| Tue  | 12.00 | 23.00  |  |          |                                     |
| Wed  | 12.00 | 23.00  | State any seasonal variations for playing of recorded music. (please read guidance note 4)   |          |                                     |
| Thurs  | 12.00 | 23.00  | N/A  |          |                                     |
| Fri  | 12.00 | 23.00  | Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) |          |                                     |
| Sat  | 12.00 | 00.00  |  |          |                                     |
| Sun  | 12.00 | 22.00  | N/A  |          |                                     |

**G**

N/A

| Performance of dance<br>Standard days & timings<br>(Please read guidance note 6) |       |        | Will the performance of dance take place indoors or outdoors or both – please tick [✓]<br>(Please read guidance note 2).  | Indoors  |  |
|--|-------|--------|---|----------|--|
|  |       |        |   | Outdoors |  |
|  |       |        | Both  |          |  |
| Day  | Start | Finish | Please give further details here (please read guidance note 3)  |          |  |
| Mon  |       |        |   |          |  |
| Tue  |       |        |   |          |  |
| Wed  |       |        | State any seasonal variations for performing of dance (please read guidance note 4)   |          |  |
| Thurs  |       |        |   |          |  |
| Fri  |       |        | Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) |          |  |
| Sat  |       |        |   |          |  |
| Sun  |       |        |   |          |  |

H

N/A

| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days & timings<br>(Please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment you will be providing</b>   |          |  |
|---|-------|--------|---|----------|--|
| Day   | Start | Finish | <b>Will the this entertainment take place indoors or outdoors or both – please tick [✓]</b><br>(Please read guidance note 2).   | Indoors  |  |
|   |       |        |   | Outdoors |  |
|   |       |        |   | Both     |  |
| Mon   |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)  |          |  |
| Tue   |       |        |   |          |  |
| Wed   |       |        |   |          |  |
| Thurs   |       |        | <b><u>State any seasonal variations for entertainment</u></b> (please read guidance note 4)   |          |  |
| Fri   |       |        | <b><u>Non-standard timings. Where you intend to use the premises for the entertainment of 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></b><br>(please read guidance note 5) |          |  |
| Sat   |       |        |   |          |  |
| Sun   |       |        |   |          |  |

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N/A


|   |       |        |   |          |  |
|---|-------|--------|---|----------|--|
| <b>Late night refreshment</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (Please read guidance note 2).</b>   | Indoors  |  |
|   |       |        |   | Outdoors |  |
|   |       |        |   | Both     |  |
| Day   | Start | Finish |   |          |  |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 3)   |          |  |
| Tue   |       |        |   |          |  |
| Wed   |       |        |   |          |  |
| Thurs   |       |        | <b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)  |          |  |
| Fri   |       |        |   |          |  |
| Sat   |       |        | <b>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</b> (please read guidance note 5) |          |  |
| Sun   |       |        |   |          |  |
|   |       |        |   |          |  |


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**J**

|  |              |               |  |   |
|--|--------------|---------------|--|---|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 6) |              |               | <b>Will the supply of alcohol be for consumption – please tick [✓] (Please read guidance note 7).</b>  | On the premises <input checked="" type="checkbox"/> |
|  |              |               |  | Off the premises <input type="checkbox"/>           |
|  |              |               |  | Both <input type="checkbox"/>                       |
| <b>Day</b>   | <b>Start</b> | <b>Finish</b> |  |   |
| Mon  | 12.00        | 23.00         | <b>State any proposed seasonal variations for the supply of alcohol</b><br>(please read guidance note 4)<br><br>Alcohol will be served both within the premises building and at the garden area of the premises during summer. |   |
| Tue  | 12.00        | 23.00         |  |   |
| Wed  | 12.00        | 23.00         |  |   |
| Thurs  | 12.00        | 23.00         | <b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</b><br>(please read guidance note 5)<br><br>N/A                                      |   |
| Fri  | 12.00        | 23.00         | <b>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 10)</b><br><br>N/A                |   |
| Sat  | 12.00        | 00.00         |  |   |
| Sun  | 12.00        | 22.00         |  |   |

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

**Name** 

**Address** 

**Postcode** 

**Personal Licence Number (if known)** .....

**Issuing Licensing Authority (if known)** .....

**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)

N/A.

**L**

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 6)

| Day   | Start | Finish |
|-------|-------|--------|
| Mon   | 11.00 | 00.00  |
| Tue   | 11.00 | 00.00  |
| Wed   | 11.00 | 00.00  |
| Thurs | 11.00 | 00.00  |
| Fri   | 11.00 | 00.00  |
| Sat   | 11.00 | 01.00  |
| Sun   | 11.00 | 23.00  |

State any seasonal variations (Please read guidance note 4).

N/A.

Non-standard timings. Where you intend to use 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)

During special promotional events or client booked events and requests.

## M

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

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

Close on Site management of the business, Sufficiently trained Staff, we have CCTV with DVR Recorder.  
We intend to build strong relationships with local authorities and our neighbours (business and residents).  
We will set up agreements to maintain the premises and its operational aspects.

### b) The prevention of crime and disorder

Trained Staff  
CCTV  
Strong relations with local authorities.  
Risk assessments,  
Emergency Preparedness.

### c) Public safety

Relations with Neighbouring Committees  
General upkeep and maintenance.  
Strong relations with local authorities

### d) The prevention of public nuisance

Trained Staff.  
Maintenance Contracts.  
Attended Committee meetings.  
Complaints Procedure

### e) The protection of children from harm

Trained Staff.  
Site policies & procedures  
Risk assessments  
Strong relations with local authorities.

- I have made or enclosed payment of the fee
- I have enclosed a 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 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

Please tick  
✓ (yes)

- 
- 
- 
- 
- 
- 

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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.** (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature: 

Date: .....

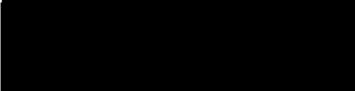


Capacity: Co-owner & founder of Brothers bar & Grill

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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: 26-3-23

Capacity: Co owner founder of Brothers bar

|   |   |
|---|---|
| <b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b><br><u>SHAWN TAYLOR</u><br> |   |
| Post town <u>WORSLE</u>   | Post code  |
| Telephone number   |   |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional)<br><u>Shawn@the.brothers.bars.com</u>  |   |





