



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 [Estates and Regeneration Section of West Lancashire Borough Council, 52 Derby Street, Ormskirk, Lancashire, L39 2DF] apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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	
26 Burscough Street, Ormskirk, Lancashire, L29 2 ES	
Post town Ormskirk	Post code L29 2ES

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

£ 13,250

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 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 checked="" 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 | <input type="checkbox"/> Please complete section (B) |

Standards Act 2000 (c14) in respect of an independent hospital

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

Please tick ✓ Yes

I am 18 years old or over

☐

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

Please tick ✓ Yes

I am 18 years old or over

☐

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 Estates and Regeneration Section
Address Estates and Regeneration Section Development and Regeneration Department West Lancashire Borough Council 52 Derby Street Ormskirk L39 2DF
Registered Number (where applicable) Not Applicable
Description of applicant (for example, partnership, company, unincorporated association etc.) Local Authority acting in it's capacity of Landlord of the premises.
Telephone number (if any) 01695 512611
E-mail address (optional) Rachel.Kneale@westlancs.gov.uk or Sara.Tomison@westlancs.gov.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	2	2	0	1	6

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

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.

n/a

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

The property is a 2 storey lock up retail unit situated on Burscough Street within the town centre of Ormskirk, which has formerly traded as Odyssey Bar.

The ground floor of the premises is open plan with no dividing walls and there is a front entrance onto Burscough Street and a rear trade, delivery entrance / fire escape onto the service area which leads to Leyland Way and the Wheatsheaf Walk Car Park.

A bar area will be built within the ground floor area towards the rear of the unit while still permitting access via the rear service / fire door.

The first floor of the premises has ladies and gents WC facilities and also another separate room which is to be used as a "cellar" for the storage of alcohol and an office / admin area.

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:

Please tick ✓
(yes)

- 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 L) ☒

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

In all cases complete boxes K, L and M

A

Plays Standard days & 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			
Thurs			State any seasonal variations for performing plays (please read guidance note 4)
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 & 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 checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	08.00	00.30				
Tue	08.00	00.30				
Wed	08.00	00.30	State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thurs	08.00	01.30				
Fri	08.00	01.30	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 5)			
Sat	08.00	01.30				
Sun	08.00	00.30				

C

Indoor sporting events Standard days & timings (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) 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)
Wed			
Thurs			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days & 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 Outdoors Both	<input type="checkbox"/> <input type="checkbox"/> <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)		
Thurs					
Fri					
Sat					
Sun					

E

Live music Standard days & 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 Outdoors Both	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	19.00	23.00			

Tue	19.00	23.00	
Wed	19.00	23.00	
			State any seasonal variations for performing of live music (please read guidance note 4)
Thurs	19.00	23.00	
Fri	19.00	23.00	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)
Sat	19.00	23.00	
Sun	19.00	23.00	

This section is intentionally blank

F

Recorded music Standard days & 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	✓
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
	08.00	00.30				

Tue	08.00	00.30	
Wed	08.00	00.30	
			State any seasonal variations for playing of recorded music (please read guidance note 4)
Thurs	08.00	01.30	
Fri	08.00	01.30	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	08.00	01.30	
Sun	08.00	00.30	

G

Performance of dance Standard days & timings (Please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [✓] (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

Anything of a similar description to that falling within (e), (f) or (g) Standard days & timings (Please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will the this entertainment take place indoors or outdoors	Indoors	
				Outdoors	

			or both – please tick [✓] (Please read guidance note 2).	Both
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed				
Thurs			State any seasonal variations for entertainment (please read guidance note 4)	
Fri				
Sat				
Sun			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 (please read guidance note 5)	

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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	✓
					Outdoors	
					Both	
Day	Start	Finish				

Mon	23.00	00.30	Please give further details here (please read guidance note 3)	
Tue	23.00	00.30		
Wed	23.00	00.30		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thurs	23.00	01.30		
Fri	23.00	01.30	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 5)	
Sat	23.00	01.30		
Sun	23.00	00.30		

This section is intentionally blank

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 7).	On the premises	
				Off the premises	
				Both	✓
Day	Start	Finish			

Mon	12.00	00.00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 4)
Tue	12.00	00.00	
Wed	12.00	00.00	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</u> (please read guidance note 5)
Thurs	12.00	01.00	
Fri	12.00	01.00	<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 (please read guidance note 10)</u>
Sat	12.00	01.00	
Sun	12.00	00.00	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	Myles McDonald Greenwell
Address	132 Mercury Way , Holland Park, Skelmersdale , Lancashire , WN8 6BF
Postcode	WN8 6BF
Personal Licence Number (if known)	LN/ 0000005841
Issuing Licensing Authority (if known)	West Lancashire Borough 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)

No activities of this nature proposed.

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	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)
Mon	07.00	00.30	
Tue	07.00	00.30	
Wed	07.00	00.30	
Thurs	07.00	01.30	
Fri	07.00	01.30	
Sat	07.00	01.30	
Sun	07.00	00.30	

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)

All staff will be subject to on-going training in relation to age related sales. This training will be recorded and made available on request to any responsible Authority.

The premises will have and operate a town centre link radio enabling contact with Ormskirk CCTV operating centre.

b) The prevention of crime and disorder

The Premises Licence Holder will operate and maintain the CCTV system which shall be in use during all times licensable activities are taking place at the premises and comply as follows ;

- 1) The system shall cover all entrances and exits from the premise, in addition to covering all internal and external areas of the premises used to supply or consume licensed products.
- 2) The focus of the camera(s) shall be so as to enable clear identification of persons on the premises.
- 3) There shall be a camera installed capable of recording a head and shoulders image of persons entering the premises.
- 4) The system will be capable of accurate time and date stamping and retaining for at least 21 days .
- 5) The Data Controller shall make footage available to a police officer or authorised officer where such a request is made in accordance with the Data Protection Act 1998.

The premises will have a written drugs policy to the satisfaction of the police that will include a search policy and all staff will have a working knowledge of it.

The premises will display notices which are securely fixed and visible to the public stating that drug use will not be tolerated on the premises and that a search policy as a condition of entrance operates at the premises.

c) Public safety

The Premises Licence Holder /DPS shall ensure that the provision for and number of door supervisors at the premises will be carried out on a weekly risk assessed basis. This risk assessment will reflect the potential for crime and disorder posed by the number of customers on any particular trading day or as a result of local or national

events.

Any risk assessment will be in a written format, kept at the premises and produced for inspection by any responsible authority on reasonable request.

The DPS will ensure the premises maintains an incident book which will contain a record of all incidents relating to the premises, it's staff and customers , including time, date, nature of incident and outcome to the satisfaction of Lancashire Constabulary and the Local Authority. This record will be available on request to any responsible authority.

d) The prevention of public nuisance

e) The protection of children from harm

The Premises will operate a policy that prevents the sale of alcohol to persons under 18 to the satisfaction of the police and local authority. This policy shall state that any person who does not appear to be at least 21 years of age , will not be served unless they can produce a recognised proof of age card accredited under the Proof of Age Standards Scheme (PASS) , photo card driving licence or passport.

Notices will be displayed where they can be clearly seen and read in the premises indicating that the premises operates a Challenge Policy in relation to the sale of alcohol.

- 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

Please tick

✓ (yes)

✓ ☐

✓ ☐

☐

~~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 ☒

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:

Sara Tomison

Date:

1-12-16

Capacity:

ESTATES & VALUATION SURVEYOR

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 address for correspondence associated with this application (please read guidance note 13)

Mrs Sara Tomison , Estates and Valuation Surveyor , Development and Regeneration Department , West Lancashire District Council, 52 Derby Street, Ormskirk, Lancashire , L39 2DF.

Post town Ormskirk

Post code L39 2DF

Telephone number 01695 712612

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

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 i.e. 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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. A 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, both applicants or their respective agents must sign the application form.
 13. This is the address which we shall use to correspond with you about this application.