



# 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~~ [ STEPHEN WILLIAMS ] 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	
<u>5, THE COMMON</u> <u>PARBOURD</u>	
Post town	<u>WIGAN</u>
Post code	<u>WN8 7HA</u>

Telephone number at premises (if any)

Non-domestic rateable value of premises

### Part 2 – Applicant details

Please state whether you are applying for a premises licence as

- |   | Please tick ✓ (yes)   |
|---|---|
| a) An individual or individuals*  | <input checked="" 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 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

WILLIAMS

First Names

STEPHEN GRIFFITH

Please tick ✓ Yes

I am 18 years old or over

Current postal address if different from premises address

424 SOUTHPORT RD  
SCARISBRICK

Post Town

ORMSKIRK

Postcode

L40 9RE

Daytime contact telephone number

07841 350458

E-mail address (optional)

willophi@gmail.com

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

SMALL COFFEE SHOP WITH VILLAGE LOCATION AND  
APPROX 20 COVERS INTERNALLY WITH 12-16 SEATS  
JUST OUTSIDE THE MAIN DOORS BUT STILL WITHIN  
THE BOUNDARIES OF THE PROPERTY

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)

**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

Please tick ✓  
(yes)

**(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
Address
Registered Number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
01	11	2017

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.

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## A

<b>Plays</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<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

<b>Films</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<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**

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

**D**

<b>Boxing or wrestling entertainment</b> 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	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thurs			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					



# E

<b>Live music</b> Standard days & timings (Please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [✓]</b> (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 of live music</b> (please read guidance note 4)		
Thurs					
Fri					
Sat					
Sun					

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**F**

<b>Recorded music</b> Standard days & timings (Please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon	07.00	21.00				
Tue	07.00	21.00				
Wed	07.00	21.00	<b>State any seasonal variations for playing of recorded music</b> (please read guidance note 4)			
Thurs	07.00	21.00				
Fri	07.00	21.00	<b>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</b> (please read guidance note 5)			
Sat	07.00	21.00				
Sun	07.00	21.00				

**G**

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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 this entertainment take place indoors or outdoors or both – please tick [✓] (Please read guidance note 2).	Indoors	
					Outdoors
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed					
Thurs			<u>State any seasonal variations for entertainment</u> (please read guidance note 4)		
Fri			<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> <u>(please read guidance note 5)</u>		
Sat					
Sun					

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<b>Late night refreshment</b> 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			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed						
Thurs			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Fri						
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 5)			
Sun						

This section is intentionally blank

**J**

<b>Supply of alcohol</b> Standard days and timings (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"/>		
Day	Start	Finish				
Mon	07.00	21.00	<b>State any proposed seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
Tue	07.00	21.00				
Wed	07.00	21.00				
Thurs	07.00	21.00			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</b> (please read guidance note 5)	
Fri	07.00	21.00				
Sat	07.00	21.00			<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>	
Sun	10.00	21.00				

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

Name ..... MR STEPHEN WILLIAMS .....

Address ..... 424 SOUTHPORT RD .....

..... SCARBOROUGH ORMSKIRK .....

Postcode ..... L40 9RE .....

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)

NONE

**L**

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

Day	Start	Finish
Mon	07.00	21.00
Tue	07.00	21.00
Wed	07.00	21.00
Thurs	07.00	21.00
Fri	07.00	21.00
Sat	07.00	21.00
Sun	07.00	21.00

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

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)

## 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)

By Making All Staff Aware Of The Objectives  
And Ensuring All Rules Are Followed.  
The Primary Use Is For Sales Of Coffee/ Snacks  
And The Sale Of Alcohol Will Be A Smaller Percentage  
But They Will Still Be Made Aware Of What Is  
Required

b) The prevention of crime and disorder

Training Of Staff To Look Out For And Be Aware  
Of What Is Taking Place Within The Premises  
Utilising The 2 Free On Line Courses Available

c) Public safety

Ensuring All Staff Are Aware Of The  
Licensing Objectives

d) The prevention of public nuisance

The Hours Of Opening Will Have A Large Bearing  
On This As They Will Be Restricted. We Will  
Not Be Open Late. Training Will Take Place  
With All Staff

e) The protection of children from harm

We Will Introduce A Challenge 21 Policy  
To Ensure No Alcohol Is Served To Anyone  
Under Age.

- 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: .....

*[Handwritten Signature]*

Date: .....

*29/8/17*

Capacity: .....

*OWNER*

**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: .....

Capacity: .....

<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	