



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.

BLACKPOOL DISTILLERY COMPANY LTD
SAS GLOBAL HEALTH + INVESTMENT

I/we SIMON SMITH / SARA KALHORI OF LTD T/A SAS GLOBAL DRINKS
(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 | | | |
| UNIT TO THE REAR OF N°5 MOORLAND RD, LYTHAM ST ANNES | | | |
| Post town | ST ANNES ON SEA | Postcode | FY8 3TD |

| | |
|---|-------------|
| Telephone number at premises (if any) | 07970791185 |
| Non-domestic rateable value of premises | £ / 0 NIL |

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 checked="" 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 | BLACKPOOL DISTILLERY COMPANY LTD |
| Address | UNIT TO REAR 5 MODRLAND RD ST ANNES ON SEA, FY8 3TD. 19, PARK RD, ST ANNES ON SEA, FY8 1PW |
| Registered number (where applicable) | 11913861 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | LTD COMPANY, OWNER OF BLACKPOOL ROCK GIN |
| Telephone number (if any) | 07970791185 |
| E-mail address (optional) | SIMON@BLACKPOOLROCKGIN.CO.UK |

Part 3 Operating Schedule

When do you want the premises licence to start?

| DD | MM | YYYY |
|----|----|------|
| 14 | 11 | 2020 |

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)

- STORAGE UNIT FOR DRY GOODS + STOCK

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)

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

SECTIONS A-1
REMOVED AS
IRRELEVANT TO
THIS APPLICATION

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 Premise | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input checked="" type="checkbox"/> |
| Day | Start | Finish | Both <input checked="" type="checkbox"/> | | |
| Mon | 24 HRS | | State any seasonal variations for the supply of alcohol (please read guidance note 4) 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 5) THE APPLICATION IS FOR FACILITATING TO FULFIL WEB ORDERS FOR A SPIRITS BRAND WE OWN (BLACKPOOL ROCK GIN) AND STORAGE OF THIS/THESE ASSOCIATED PRODUCTS. | | |
| Tue | 24 HRS | | | | |
| Wed | 24 HRS | | | | |
| Thur | 24 HRS | | | | |
| Fri | 24 HRS | | | | |
| Sat | 24 HRS | | | | |
| Sun | 24 HRS | | | | |

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

| | |
|--|---------------------------|
| Name | SARA KALHOE |
| Address | [REDACTED] |
| Postcode | [REDACTED] |
| Personal licence number (if known) | 1280/19/00907/LAPERK |
| Issuing licensing authority (if known) | ROYAL BOROUGH OF KINGSTON |

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) | | | State any seasonal variations (please read guidance note 4) |
|---|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | NONE - STEADY USE TO FULFILL ORDERS FROM A WEBSITE COLLECTION TIME FOR COURIER SERVICE BETWEEN 8AM - 8PM |
| Tue | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

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)

PLEASE SEE ABOVE

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)

THIS IS A SPECIFIC LICENSING REQUEST INTENDED FOR (INITIALLY) THE POSTAL FULFILMENT OF ONLINE ALCOHOL ORDERS.

b) The prevention of crime and disorder

WE INTEND TO ENSURE ONLY LIMITED STAFF ON SITE AND AN INCREASED SECURITY SYSTEMS.

c) Public safety

WE WILL ENSURE FULL AND PROPER TRAINING AND AWARENESS OF ALL EMPLOYEES IN THE PACKAGING PROCESS. WE ALSO INTEND TO INSTALL CCTV TO MONITOR SECURITY + SAFETY

d) The prevention of public nuisance

NO ALCOHOL TO BE CONSUMED ON THE PREMISES NOR ANY MEMBERS OF THE PUBLIC.

e) The protection of children from harm

NO CHILDREN TO BE ALLOWED IN THE PREMISES

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.

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 |  |
| Date | 4/11/20 |
| Capacity | LICENCE HOLDER |

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 |  S SMITH |
| Date | 4/11/20 |
| Capacity | DIRECTOR |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

| | | | |
|---|--|-------------|--|
| SARA KALUORI | | 07977321233 | |
| SARA.SS@ICLOUD.COM | | | |
| Post town | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |