



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 COSTIERA AMALFITANA LTD

(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 AMALFI ITALIAN TAKEAWAY 104 POULTON STREET			
Post town	KIRKHAM	Postcode	PR4 2AH
Telephone number at premises (if any)	01772 437 577		
Non-domestic rateable value of premises	£		

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/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 (by ticking yes to one box below):

- 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		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

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		
Date of birth		I am 18 years old or over		<input type="checkbox"/> Please tick yes
Nationality				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)				
Current residential 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	COSTIERA AMALFITANA LTD
Address	5 CRESCENT EAST THORNTON CLEVELEYS LANCASHIRE FY5 3LZ

Registered number (where applicable) 13015581
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
15	11	2021

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)

FAST FOOD TAKEAWAY
 END OF TERRACE
 ADJOINING BARBER SHOP
 PREMISES ON THE MAIN STREET
 GAS & ELECTRICAL METERS
 FIRE EXTINGUISHERS FITTED
 COOKING AND SERVING AREA
 NO SETTING AREA
 CCTV INSTALLED INTERNALLY & EXTERNALLY

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)


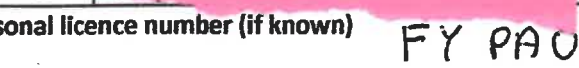
In all cases complete boxes K, L and M

SECTIONS A-1
REMOVED
AS NOT RELEVANT
TO APPLICATION.

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) <i>NONE</i>		
Mon	09.00	22.30			
Tue	09.00	22.30			
Wed	09.00	22.30			
Thur	09.00	22.30			
Fri	09.00	22.30			
Sat	09.00	22.30			
Sun	09.00	22.30			
			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 6) <i>NONE</i>		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	NOEMIO BRUNO CARPENITO
Date of birth	25/08/1970
Address	
Postcode	
Personal licence number (if known)	FY PA0254
Issuing licensing authority (if known)	FYLDE 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 9).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	<i>NONE</i>
Mon	09.00	22.30	
Tue	09.00	22.30	
Wed	09.00	22.30	
Thur	09.00	22.30	
Fri	09.00	22.30	
Sat	09.00	22.30	
Sun	09.00	22.30	
			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 6)
			<i>NONE</i>

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 10)

HAVING A PERSONAL LICENCE HOLDER ON THE PREMISES
AT ALL TIMES THE LICENCE IS BEING USED
STAFF TRAINING TO ENSURE TRADING STANDARDS
GUIDELINES ARE UNDERSTOOD AND NO ALCOHOL / ILLEGAL
SALES ARE MADE
SAFETY SIGNS WARNING CUSTOMERS OF RISK TO THEIR
HEALTH & SAFETY WILL COMPLY WITH:
BS 5378-1:1980 - SAFETY SIGNS & COLOURS

b) The prevention of crime and disorder

A CCTV SYSTEM HAS BEEN INSTALLED. RECORDING
WILL BE MAINTAINED FOR AN APPROPRIATE PERIOD
OF TIME AGREED WITH LICENCE AUTHORITY
NO SUPPLY OF ALCOHOL TO OVERLY INTOXICATED
PEOPLE
CHALLENGE 21 POLICY - PROOF OF AGE VERIFICATION

c) Public safety

FIRE EXTINGUISHERS
FIRST AID KIT CATERING APPROPRIATE AVAILABLE
ALL WIRING & GAS CERTIFIED BY GAS SAFE
ENGINEER & QUALIFIED ELECTRICIAN
HAND SANITISER AVAILABLE
PUBLIC LIABILITY INSURANCE TO THE SUM OF
£ 5 MILLION.

d) The prevention of public nuisance

d) The prevention of public nuisance

NO ALCOHOL TO BE CONSUMED ON THE PREMISES
STAFF TRAINED & REFUSAL TO SERVE HIGHLY
INTOXICATED INDIVIDUALS
CCTV
RISK ASSESSMENT REVIEWS TO ENSURE COMPLIANCE

e) The protection of children from harm

PROOF OF AGE POLICY TO BE ENFORCED
IF ALCOHOL DELIVERED TO CUSTOMERS MINIMUM
ORDER OF FOOD REQUIRED
PROOF OF ID TO BE PROVIDED TO THE DELIVERY
DRIVER
STAFF TRAINING
FIRST AID KIT AVAILABLE
CCTV

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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	13/10/21
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **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 14)

MR NOEMIO BRUNO CARPENITO
27 KINGSTON AVENUE

Post town	BLACKPOOL	Postcode	FY4 2QB
Telephone number (if any)	07309569969		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
N. CARPENITO1970@GMAIL.COM			

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. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.