



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 **Daniel Farran, Mark Farran, & Michelle Farran**

(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			
43 Clifton Street			
Post town	Lytham St. Annes	Postcode	FY8 5ER

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 19,250

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input checked="" 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) ☐ 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 '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)					
		Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)			

(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	Mark Farran & Michelle Farran
Address	

Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Partnership
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Name	Daniel Farran
Address	[REDACTED]
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.) Executive Employee	
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	04	2024

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)

Ground floor shop for retail, on Lytham St. Annes high street. Shop floor consists of front room for retail, open plan back room for production of product; rear private storage, private kitchenette and toilet facilities (see floor plan).

Trading as Old Bank House Chocolate Shop in retail confectionery once open for business, predominantly in the sale and production of chocolates for gifts and consumption off site. For licencing purposes, a line of our products consists of alcoholic/liquor miniatures packaged with chocolates. Again, for gifting and consumption off site. Stock for such products will be stored in the rear private storage room, and on the shop floor for purchase where a member of staff will always be present, and also in full view of active video CCTV surveillance on site.

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

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

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) In the summer months we may close later. In the winter months we may close earlier. Possible late night Christmas shopping opening in December.		
Mon	09:30	21:00			
Tue	09:30	21:00			
Wed	09:30	21:00			
Thur	09:30	21:00	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) Through the summer holidays (July/August) closing times may vary, extending through the evening time. When events such as Lytham festival are occurring, we may extend closing hours.		
Fri	09:30	21:00			
Sat	09:30	21:00			
Sun	09:30	21:00			

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 Daniel Farran	
Date of birth	██████████
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 9).

N/A

No such activities, services, or entertainment will take place on this premises.

L

Hours premises are open to the public

Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	09:30	21:00
Tue	09:30	21:00
Wed	09:30	21:00
Thur	09:30	21:00
Fri	09:30	21:00
Sat	09:30	21:00
Sun	09:30	21:00

State any seasonal variations (please read guidance note 5)

In the summer months we may close later.

In the winter months we may close earlier.

Possible late night Christmas shopping opening in December.

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)

Through the summer holidays (July/August) closing times may vary, extending through the evening time.

When events such as Lytham festival are occurring, we may extend closing hours.

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)

- The premises has functioning cctv operation on the shop floor to monitor activity of customers for use only by staff in relation to any abnormal behaviour when attempting to handle, purchase, or lift any products including alcohol related products. A shop clerk will always be present and visible on the shop floor.
- A challenge 25 policy will be enforced on site for all alcoholic gifts.
- First aid equipment shall be kept on the premises.
- Appropriate fire safety regulations and precautions shall be in place.

b) The prevention of crime and disorder

- Members of the public purchasing alcoholic gifts online via the distance selling regulations shall be required to state that they are over the age of 18 before entering the specific product pages and purchasing.
- A challenge 25 policy will be enforced on site for all alcoholic gifts.
- CCTV will be in operation to monitor any abnormal behaviour on the shop floor of the premises.

c) Public safety

- Appropriate fire safety regulations and precautions shall be in place.
- CCTV will be in operation to monitor any abnormal behaviour on the shop floor of the premises.
- A complete risk assessment in relation to health & safety of all patrons will be carried out and executed regularly.
- First aid equipment shall be kept on the premises.
- The chocolate production area will only be accessible to trained employees. This area will be off limits to customers and for patron speciation only.

d) The prevention of public nuisance

- We reserve the right to refuse sale of any alcohol related products to people who are known by staff to cause trouble, or for potential anti-social behaviour, or appear to be highly intoxicated from behaviour prior to entering our premises.
- CCTV will be in operation to monitor any abnormal behaviour on the shop floor of the premises.
- A limit will be set for the number of the alcoholic gifts that can be purchased at any one time by one individual.

e) The protection of children from harm

- Any Customer who appears to look under the age of 25 will be required to produce a recognised proof of age card accredited under the Proof of Age Standards Scheme (PASS) or a photo driving licence or passport indicating that they are over 18 years of age, or any other nationally approved ID, prior to the completion of any alcoholic gift purchases.

- All staff involved are to have received suitable training in relation to the Challenge 25 proof of age scheme.

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
--------------------	---

	<p>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).</p> <ul style="list-style-type: none"> 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	05/03/2024
Capacity	Business Owner/Partner

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	05/03/2024
Capacity	Business Owner/Partner

Signature	
Date	05/03/2024
Capacity	Executive Employee

<p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>Daniel Farran</p> <p></p>			
Post town		Postcode	
Telephone number (if any)			
<p>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</p> <p></p>			