

**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 Marcellas 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 <b>Unit 21 Coppice Business Park West Moss Lane</b>			
<b>Post town</b>	Lytham	<b>Postcode</b>	FY8 4SH

Telephone number at premises (if any)	<b>07814 684644</b>
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 *                    | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *               |   |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii as a partnership (other than limited liability)   | <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 ☐ 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 Marcellas Ltd
Address 73 Oxford Road Lytham St.Annes FY8 2DY
Registered number (where applicable) 16583257

Description of applicant (for example, partnership, company, unincorporated association etc.) Ltd Company
Telephone number (if any) 07621 664644
E-mail address (optional) C

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	12	2025

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)

The premises is a small-scale artisan alcohol production and distribution facility operating under the trading name Marcellas. It is situated within a secure, self-contained commercial unit located in a mixed-use light industrial estate. The premises is not open to the general public and is used solely for the production, bottling, storage, and distribution of alcoholic beverages, specifically limoncello and other alcoholic products.

The internal layout comprises a main production area with designated zones for maceration, filtration, bottling, and labelling, alongside a storage area for finished goods and raw materials. There is also a small office space for administrative tasks and compliance documentation. All alcohol is stored in units within the premises, and access is restricted to authorised personnel only.

The premises is not intended for on-site consumption of alcohol. However, off-sales are included in the application to allow for direct-to-consumer dispatch (e.g. online orders) and occasional collection by trade customers or couriers. There is no designated area for the consumption of alcohol on or near the premises, and no such activity will be permitted.

The premises is equipped with CCTV, fire safety measures, and secure entry systems to uphold the licensing objectives, particularly in relation to the prevention of crime and disorder and the protection of children from harm.

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**

**Sections A-I removed as not relevant to this application**



J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)			
Mon	00.00	23.59				
	00.00	23.59				
Tue	00.00	23.59				
	00.00	23.59				
Wed	00.00	23.59				
	00.00	23.59				
Thur	00.00	23.59				<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</b> (please read guidance note 6)
	00.00	23.59				
Fri	00.00	23.59				
	00.00	23.59				
Sat	00.00	23.59				
	00.00	23.59				
Sun	00.00	23.59				
	00.00	23.59				

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 Craig Marcella	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) FY PA1574	
Issuing licensing authority (if known) Fylde	

## 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).

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

## L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	<b>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</b> (please read guidance note 6)
Mon	08.00	21.00	
	08.00	21.00	
Tue	08.00	21.00	
	08.00	21.00	
Wed	08.00	21.00	
	08.00	21.00	
Thur	08.00	21.00	
	08.00	21.00	
Fri	08.00	21.00	
	08.00	21.00	
Sat	08.00	21.00	
	08.00	21.00	
Sun	08.00	21.00	
	08.00	21.00	

## 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)**

Marcellas Limoncello operates as a secure, small-scale artisan alcohol production site with no public access or on-site consumption. To promote the licensing objectives, we will implement CCTV monitoring, secure alcohol storage, staff training, and age verification procedures. The premises complies with fire safety regulations and maintains a quiet operational profile to prevent nuisance. All sales are off-premises only, with strict controls to prevent underage access and ensure public safety.

**b) The prevention of crime and disorder**

The premises are secured with an alarm and CCTV surveillance covering all entry points and internal production areas, with footage retained for a minimum of 30 days.

Alcohol will be stored in locked units accessible only to authorised personnel.

All staff involved in alcohol handling will be trained in responsible practices and will be made aware of their obligations under the Licensing Act 20

Members of the public purchasing alcohol online via the distance selling regulations shall be required to state that they are over 18 before entering the specific product pages and purchasing.

**c) Public safety**

The premises will comply with all fire safety regulations, including the installation of extinguishers, clear signage, and unobstructed emergency exits.

Risk assessments will be conducted regularly to ensure safe handling of alcohol and associated materials.

First aid kits will be available on site, and staff will be briefed on emergency procedures.

The premises will not be open to the public, only for collections, reducing risks associated with crowd management or intoxication.

**d) The prevention of public nuisance**

Operations will be conducted during standard business hours, with no late-night activity or public-facing retail.

All deliveries and collections will be scheduled to minimise disruption to neighbouring units and residential areas.

Noise will be kept to a minimum through appropriate insulation and operational discipline.

No consumption of alcohol will be permitted on or near the premises.

**e) The protection of children from harm**



The business will not engage in any direct sales to minors. Age verification procedures will be strictly enforced for all off-sales and online orders.

Marketing and labelling will be designed to avoid appeal to children, with clear alcohol content declarations.

The premises will not host any events or activities involving children, and access will be restricted to authorised adults only.

**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.

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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</li></ul>
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	<p>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).</p> <ul style="list-style-type: none"> <li>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)</li> </ul>
Signature	
Date	19-11-25
Capacity	

**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 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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			