



**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/ BRIANNA JESSICA ROSE

We

-----  
*(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>ROSENETIC UNIT 11 LIDUN PARK INDUSTRIAL ESTATE BOUNDARY ROAD LYTHAM</b>			
<b>Post town</b>	LYTHAM ST. ANNES	<b>Postcode</b>	FY8 5HU

Telephone number at premises (if any)	<b>07543827850</b>
Non-domestic rateable value of premises	<b>£10,500</b>

**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	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
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	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
		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 ROSENETIC LTD
Address ROSENETIC UNIT 11 LIDUN PARK INDUSTRIAL ESTATE BOUNDARY ROAD LYTHAM LYTHAM ST. ANNES FY8 5HU
Registered number (where applicable) <b>16661501</b>
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY

Telephone number (if any)

[REDACTED]

E-mail address (optional)

[REDACTED]

### Part 3 Operating Schedule

DD MM YYYY  
23 0 4 2 0 2 6

When do you want the premises licence to start?

DD MM YYYY

If you wish the licence to be valid only for a limited period, when do you want it to end?

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

Commercial storage and packing unit used for the storage, assembly and dispatch of gift hampers for online retail sale. Alcohol will be stored securely on site and sold only for consumption off the premises as part of pre-packaged gift hampers.

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-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	
				Off the premises	<input checked="" type="checkbox"/>
				Both	
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	00:00	23:59			
Tue	00:00	23:59			
Wed	00:00	23:59			
Thur	00:00	23:59			
Fri	00:00	23:59			
Sat	00:00	23:59			
Sun	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)		

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):

<b>Name</b> BRIANNA JESSICA ROSE	
<b>Date of birth</b> [REDACTED]	
<b>Address</b> [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b> FYPA1658	
<b>Issuing licensing authority (if known)</b> 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).**

No adult entertainment, gaming machines, films, or other activities giving rise to concern in respect of children. Alcohol will be sold only as off-sales as part of pre-packaged gift hampers.

**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	
Mon	09:00	17:30	<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)
Tue	09:00	17:30	
Wed	09:00	17:30	
Thur	09:00	17:30	
Fri	09:00	17:30	
Sat	09:00	17:30	
Sun	09:00	17:30	

**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 will operate as an online retail and dispatch unit only. Alcohol will be sold for consumption off the premises as part of pre-packaged gift hampers. Staff will be trained in age-restricted sales procedures and the conditions of the premises licence.

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

Alcohol will be stored securely on the premises. Only authorised staff will have access to alcohol stock. Orders will be processed through a controlled system, and appropriate measures will be in place to prevent unlawful sales.

**c) Public safety**

The premises will be maintained in a safe condition. Fire safety measures and first aid provisions will be in place. Access to storage and packing areas will be restricted to authorised personnel only.

**d) The prevention of public nuisance**

The premises will operate as a storage and dispatch unit with no public access or on-site consumption of alcohol. Activities will be conducted in a manner that minimises disturbance to neighbouring properties.

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

Alcohol will be sold only as off-sales as part of pre-packaged gift hampers. The business will operate an age-verification policy and ensure that appropriate age checks are carried out where required.

**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 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).</li><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	22/04/2026
Capacity	DIRECTOR

**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	