

# 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. You may wish to keep a copy of the completed form for your records.

I/We Lawrence Hunt & Co Ltd

[insert name of applicant/s]

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described under Part 1 below 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 club premises or, if none, the ordnance survey map reference or description.	
<b>Premises Name</b>	Spar Cropper Road
<b>Premises Address</b>	UNIT 1, CROPPER ROAD
	BLACKPOOL
	LANCASHIRE
Post Code	F Y 4 5 L B
<b>Telephone Number of premises (if any)</b>	01772 747 465
<b>E-Mail Address</b>	Matthew@lawrencehunt.co.uk
<b>Non-Domestic Rateable Value of Premises</b>	£ 0.00 - Currently Unrated Property

**Part 2 – Applicant details**

Please state whether you are applying for a premises licence as:

- |   | Please tick                         |                    |
|---|-------------------------------------|--------------------|
| a) An individual or individuals *                       | <input type="checkbox"/>            | Complete Section A |
| b) A person other than an individual*                   |                                     |                    |
| I. As a limited company / limited liability partnership | <input checked="" type="checkbox"/> | Complete Section B |
| II. As a partnership (other than limited liability)     | <input type="checkbox"/>            | Complete Section B |
| III. As an unincorporated association, or               | <input type="checkbox"/>            | Complete Section B |
| IV. Other (for example a statutory corporation)         | <input type="checkbox"/>            | Complete Section B |
| c) A recognised Club                                    | <input type="checkbox"/>            | Complete Section B |

- d) A charity  Complete Section B
- e) The proprietor of an educational establishment  Complete Section B
- f) Health Service Body  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  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.  Complete Section B
- h) The Chief Officer of Police of a police force in England and Wales  Complete Section B

**\*If you are applying as a person described in (a) or (b) please confirm by ticking yes to one of the boxes below:**

- I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; or If yes please tick
- I am making the application pursuant to a
    - Statutory function
    - A function discharged by virtue of Her Majesty's prerogative

**(A) Individual applicant (fill in as applicable)**

Title (please tick)	Mr	Mrs	Miss	Ms	Other (please state):	
Surname				Forenames		
Date of Birth	Day	Month	Year	I am 18 years old or over	Please tick	
					Yes	No
Nationality						
Home address						
	Post Code					
Telephone Number				Mobile Number		
E-Mail						

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)	
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**Second individual applicant (if applicable)**

<b>Title:</b> (please tick)	Mr	Mrs	Miss	Ms	Other (please state):	
<b>Surname</b>				<b>Forenames</b>		
<b>Date of Birth</b>	Day	Month	Year	I am 18 years old or over	<small>Please tick</small> Yes	No
<b>Nationality</b>						
<b>Home address</b>						
		<b>Post Code</b>				
<b>Telephone Number</b>				<b>Mobile Number</b>		
<b>E-Mail</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)	
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**(B) Other applicants**

Please provide name and registered address of the 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.

<b>Name</b>	LAWRENCE HUNT & CO LTD					
<b>Address</b>	40B LIVERPOOL ROAD					
	PENWORTHAM					
	PRESTON	<b>Post Code</b>	P	R	1	0 D Q
<b>Telephone Number</b>	01772 747 465					
<b>E-Mail Address</b>	matthew@lawrencehunt.co.uk					
<b>Registered number (where applicable)</b>	01185833					
<b>Description of applicant (e.g. partnership, company, unincorporated association)</b>						
Limited Company						

**Part 3 - Operating Schedule**

When do you want the premises licence to start

Day		Month		Year			
0	1	0	9	2	0	2	6

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

Day		Month		Year			

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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

Spar Convenience Store

**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):**

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment 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**

**A**

Performance of a play Standard timings (read guidance note 7)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the performance of a play at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard timings (read guidance note 7)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 8)	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	06:30	23:00			
Tue	06:30	23:00			
Wed	06:30	23:00			
Thurs	06:30	23:00			
Fri	06:30	23:00			
Sat	06:30	23:00			
Sun	06:30	23:00			
			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)		

<b>State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor (please see declaration about the entitlement to work in the checklist at the end of the form):</b>					
Surname	HUNT			Forename(s)	JACK
State any previous names					
Date of Birth		Day	Month	Year	
		[REDACTED]			
Address	[REDACTED]				
	[REDACTED]				
	[REDACTED]			Post Code	[REDACTED]
Telephone Number		[REDACTED]			
Email Address		[REDACTED]			
Personal Licence Number (if known)			PERS2117		
Issuing Licensing Authority (if known)			SOUTH RIBBLE 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)

The premises is a grocery retail store and will not provide any form of adult entertainment, services, or activities.

No entertainment of an adult nature, including but not limited to adult performances, exhibitions, or services, will take place on the premises.

The business operates solely for the sale of groceries and associated household goods.

There are no activities or ancillary uses of the premises that would give rise to concern in respect of children. The premises will be operated in a manner that is family-friendly and suitable for all members of the community.

**L**

Hours premises are open to public Standard timings (read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	06:30	23:00	
Tue	06:30	23:00	
Wed	06:30	23:00	
Thurs	06:30	23:00	Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri	06:30	23:00	
Sat	06:30	23:00	
Sun	06:30	23:00	

## 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)

The premises licence holder and staff will operate the business responsibly and in accordance with all relevant legislation and guidance.  
Staff will be trained in licensing requirements, and management will regularly review procedures to ensure ongoing compliance with the licensing objectives.

- b) The prevention of crime and disorder

1. The premises shall have a CCTV system that meets the following requirements:

- (a) The system shall be maintained in proper working order.
- (b) The system shall display on any recording, the correct time and date of the recording.
- (c) The system shall be recording during all operating times.
- (d) The recorded VCR tapes or digital recording media shall be held for a minimum of 31 days after the recording is made and shall be made available to the police for inspection on request as soon as reasonably practicable.
- (e) The system shall comprehensively cover the public areas of the premises.
- (f) There shall be signage to accompany the system and specified in the shop area and near the main entrance.
- (g) There shall be sufficient members of trained staff available during the hours of operation to be able to download evidence at the request of the Police or an authorised officer.

- c) Public Safety

The premises will comply with all fire safety and health and safety regulations.  
Emergency exits will be clearly marked and kept unobstructed at all times.  
Staff will be trained in emergency procedures.  
The premises will be well lit both internally and externally to ensure customer safety.

- d) The prevention of public nuisance

There will be no sales of alcohol in open containers and no alcohol will be allowed to be consumed on the premises.

- e) The protection of children from harm

1) A "Challenge 25" Policy shall be adopted and enforced at the premises whereby any person who appears to be under the age of 25 shall be required to provide identification to prove that they are over the age of 18 before they are permitted to purchase alcohol. The only forms of acceptable identification will be:  
- A Passport;  
- A UK Photocard Driving Licence; and,  
Any other form of identification agreed with a representative of the Police Licensing Unit.

2) All staff who are involved in the sale of alcohol will be trained in relation to the "Challenge 25" policy upon the commencement of their employment, following which they will undertake refresher training at least once every twelve months. Said training will be documented and will be made available to a Police Officer and authorised officers upon request.


3) A refusals register shall be kept and maintained at the premises and shall record the time, date and comprehensive details of all refusals to sell alcohol.

**Part 4 – Signatures**

**Declaration**

- (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 (if applicable) 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 of applicant or applicant’s solicitor or other duly authorised agent** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Print Name	PHILIPPA BAILEY
Capacity	FINANCE DIRECTOR
Date	29 APRIL 2026

**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	
Print Name	
Capacity	
Date	

<b>Contact name (where not previously given) and address for correspondence associated with this application.</b> (Please read guidance note 14)											
Title:	Mr					Other (please state):					
Forename(s)	MATTHEW				Surname	BAILEY					
Address for correspondence associated with this application	LAWRENCE HUNT & CO LTD										
	40B LIVERPOOL ROAD, PENWORTHAM, PRESTON										
					Post Code	P	R	1		0	D
Telephone Number	[REDACTED]				Mobile Number						
E-Mail Address	MATTHEW@LAWRENCEHUNT.CO.UK										