

074721



Leicester
City Council

**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 45 WEST DISTILLERS LIMITED

(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 4A HOTEL STREET LEICESTER | | | |
| Post town | LEICESTER | Postcode | LE1 5AW |

| | |
|---|----------------------------------|
| Telephone number at premises (if any) | 0116 2770077 278 8492 |
| Non-domestic rateable value of premises | £ 21750 |

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** please complete section (B)
 - ii. as a partnership 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:

Please tick yes

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

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 | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| Current postal 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 45 WEST DISTILLERS LIMITED |
| Address 4A HOTEL STREET LEICESTER |
| Registered number (where applicable) 08734038 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY |
| Telephone number (if any) 0116 2770077 |
| E-mail address (optional) gaynor@45w.co.uk |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| 01 | 09 | 2015 |

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)

Two storey building.

Basement to be used for stock and office use and possibly private function room.
Toilets downstairs.

First floor bar and sales area.

Plans attached.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

NOT
APPLICABLE

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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

A

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 6) | | | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) NOT APPLICABLE | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| | | | | | |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for performing plays (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2) NOT APPLICABLE | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| | | | | | |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

C

| | | | |
|--|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) NOT APPLICABLE |
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| Wed | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
| Fri | | | |
| Sat | | | |
| Sun | | | |

D

| | | | | | | |
|--|-------|--------|--|----------|--------------------------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) NOT APPLICABLE | Indoors | <input type="checkbox"/> | |
| | | | | Outdoors | <input type="checkbox"/> | |
| Day | Start | Finish | Both | | | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | | |
| Sat | | | | | | |
| Sun | | | | | | |

E

| | | | | |
|--|-------|--------|---|-----------------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors <input type="checkbox"/> |
| | | | NOT APPLICABLE | Outdoors <input type="checkbox"/> |
| Day | Start | Finish | | Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | |
| | | | | |
| Tue | | | | |
| | | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) | |
| | | | | |
| Thur | | | | |
| | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5) | |
| | | | | |
| Sat | | | | |
| | | | | |
| Sun | | | | |
| | | | | |

F

| | | | | | |
|--|-------|--------|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | 09.00 | 23.59 | Recorded music will be played during opening hours but will be kept at a minimum – this will be background music to create an atmosphere for the public. | | |
| Tue | 09.00 | 23.59 | | | |
| Wed | 09.00 | 23.59 | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | | |
| Thur | 09.00 | 23.59 | None | | |
| Fri | 09.00 | 23.59 | <u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | 09.00 | 23.59 | None | | |
| Sun | 09.00 | 23.59 | | | |

G

| | | | | |
|---|-------|--------|---|-----------------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors <input type="checkbox"/> |
| | | | NOT APPLICABLE | Outdoors <input type="checkbox"/> |
| | | | | Both <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | |
| Mon | | | | |
| | | | | |
| Tue | | | | |
| | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | |
| Wed | | | | |
| | | | | |
| Thur | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | |
| Fri | | | | |
| | | | | |
| Sat | | | | |
| | | | | |
| Sun | | | | |

H




| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing NOT APPLICABLE | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | <u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sun | | | | | |

| | | | | | | | | |
|--|-------|--------|---|----------|-------------------------------------|---|--|--|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> | | | |
| | | | | Outdoors | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | | | |
| Mon | 09.00 | 23.59 | | | | | | |
| | | | | | | | | |
| Tue | 09.00 | 23.59 | | | | | | |
| | | | | | | | | |
| Wed | 09.00 | 23.59 | | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| | | | | | | | | |
| Thur | 09.00 | 23.59 | | | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5) | | | | | |
| Fri | 09.00 | 23.59 | | | | | | |
| | | | | | | | | |
| Sat | 09.00 | 23.59 | | | | | | |
| | | | | | | | | |
| Sun | 09.00 | 23.59 | | | | | | |
| | | | | | | | | |

J

| | | | | | |
|---|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input checked="" type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | 09.00 | 23.59 | | | |
| Tue | 09.00 | 23.59 | | | |
| Wed | 09.00 | 23.59 | | | |
| Thur | 09.00 | 23.59 | | | |
| Fri | 09.00 | 23.59 | | | |
| Sat | 09.00 | 23.59 | | | |
| Sun | 09.00 | 23.59 | | | |
| | | | | | |
| | | | 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 5) | | |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

| | |
|---|---|
| Name GAYNOR CAWOOD | |
| Address  | |
| Postcode |  |
| Personal licence number (if known)  | |
| Issuing licensing authority (if known) CHARNWOOD 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 8).

L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | 09.00 | 23.59 | |
| Tue | 09.00 | 23.59 | |
| Wed | 09.00 | 23.59 | |
| Thur | 09.00 | 23.59 | |
| Fri | 09.00 | 23.59 | |
| Sat | 09.00 | 23.59 | |
| Sun | 09.00 | 23.59 | |

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 5)

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 9)

b) The prevention of crime and disorder

CCTV System will be installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.

There will be a clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.

Clear and conspicuous notices warning of potential criminal activity, such as theft, that may target customers will be displayed.

We will not sell alcohol to drunk or intoxicated customers.

Custom will not be sought by means of personal solicitation outside or in the vicinity of the premises.

Prevention and vigilance in illegal drug use at the retail unit area.

Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the premises.

c) Public safety

Internal and external lighting will be installed to promote the public safety objective.

Well trained staff adherence to environmental health requirements will apply.

Training and implementation of underage ID checks.

A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made;

those required to be made by statute, and information compiled to comply with any public safety condition attached to the premises licence that requires the recording of such information. The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.

All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, heating, electrical, air condition, sanitary accommodation and other installations, will be maintained at all times in good order and in a safe condition.

d) The prevention of public nuisance

Noise reduction measures will be adhered to address the public nuisance objective. Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly. Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents. The Licensee will ensure that staff who arrive early morning or depart late at night when the business has ceased trading conduct themselves in such a manner to avoid causing disturbance to nearby residents. Customers will be asked not to stand around loudly talking in the street outside the premises. Customers will not be admitted to premises above opening hours. The movement of bins and rubbish outside the premises will be kept to a minimum after 11.00pm. This will help to reduce the levels of noise produced by the premises. Any lighting on or outside the premises will be positioned and screened in such a way so as to not cause a disturbance to nearby residents. Adequate waste receptacles for use by customers will be provided in the local vicinity.

e) The protection of children from harm

We will have a designated premises supervisor who will be obligated to provide day-to-day control of the premises, to provide good training for staff on the Licensing Act (Training Record), to make or authorize each sale. Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers.

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

| | |
|-----------|----------|
| Signature | |
| Date | 01/07/15 |

| | |
|----------|--|
| Capacity | |
|----------|--|

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

| | |
|-----------|--|
| Signature | |
| Date | |
| Capacity | |

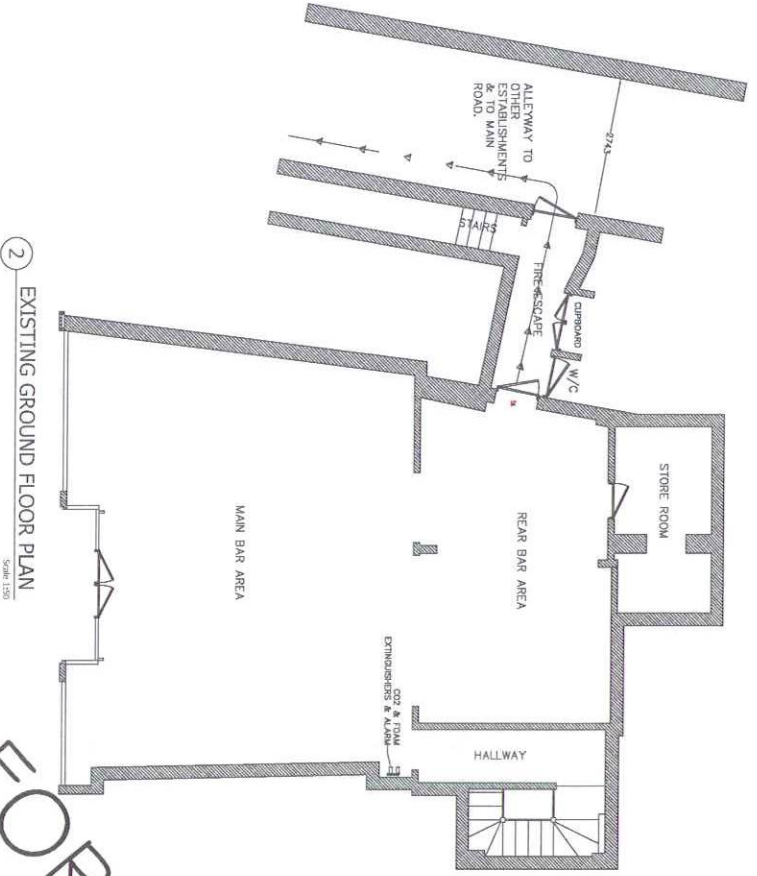
| | | | |
|---|----------------------------------|----------|----------------|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) | | | |
| Gaynor Cawood | | | |
| 45 West Distillers Limited | | | |
| 4A Hotel Street | | | |
| Leicester | | | |
| Post town | Leicester | Postcode | LE1 5AW |
| Telephone number (if any) | 0116 2770077 278 8492 | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
| gaynor@45w.co.uk | | | |

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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.

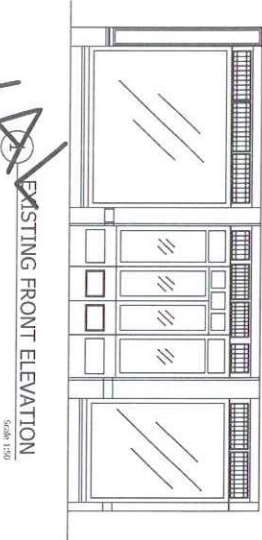
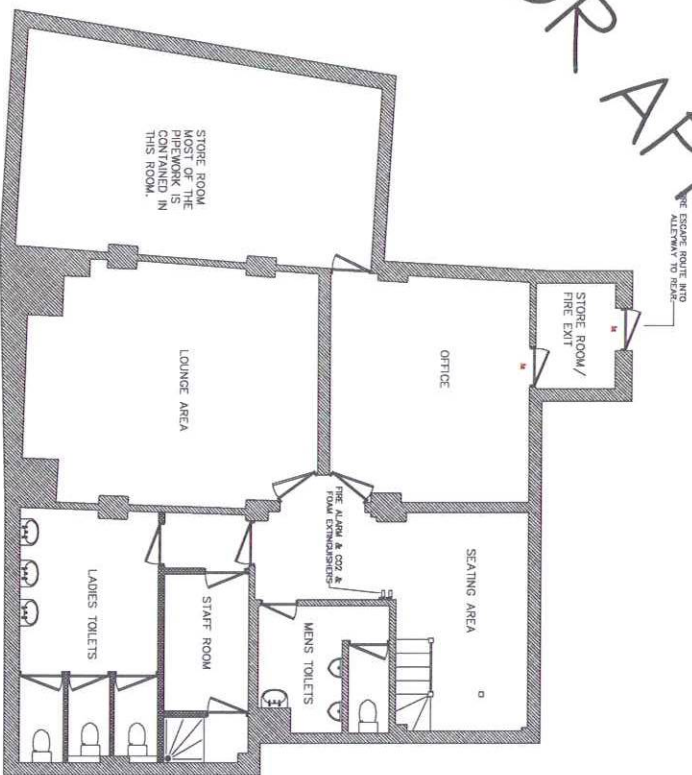
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

2 EXISTING GROUND FLOOR PLAN
Scale 1:50




DRAFT FOR APPROVAL

3 EXISTING LOWER FLOOR PLAN
Scale 1:50



EXISTING FRONT ELEVATION
Scale 1:50

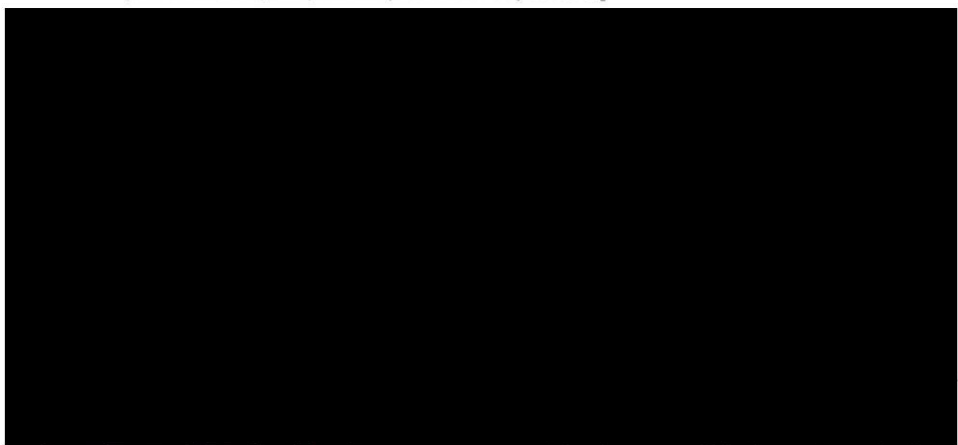
| | |
|---|----------|
|  <p>Just Drawings Ltd 83 Granville Road Wigton, Lancaster LA18 1JQ Tel: 0175 2570915, Mobile: 07708 070979 email: info@justdrawings.co.uk</p> | |
| <p>PROJECT TITLE DRAFT</p> | |
| <p>DRAWING TITLE FOOTPRINTS AND FRONT ELEVATION</p> | |
| SCALE | 1:50 |
| DATE | 07.08.15 |
| PROJECT No. | JD367 |
| DRG. No. | AB/PB/01 |
| DRAWN BY | ASB |
| CHECKED BY | - |
| REVISION | * |



Leicester
City Council

Consent of individual to being specified as premises supervisor

I GAYNOR CAWOOD
[full name of prospective premises supervisor]



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE
[type of application]

by

LS WEST DISTILLERS
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

4A HOTEL STREET
LEICESTER
LE1 5AW

[name and address of premises to which the application relates]

FORM 18

and any premises licence to be granted or varied in respect of this application made by

45 WEST DISTILLERS
[name of applicant]

concerning the supply of alcohol at

4A HOTEL STREET
LEICESTER.

LE1 5AW.

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PERS15048

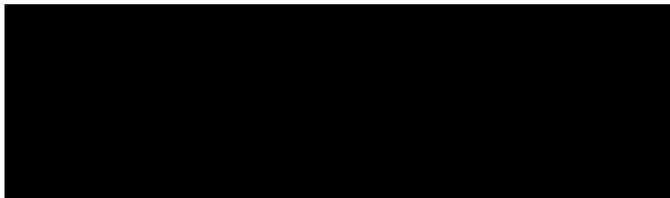
[insert personal licence number, if any]

Personal licence issuing authority

CHARNWOOD BOROUGH COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

GAYNOR CAWOD.

Date

18/7/15