

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 TREVOR ANERIE - BIERSON
 (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 <u>RUMBLE BEES BOOKSHOP, MUSIC CAFE, RUMBLEBEE STW, BLANTIRE RD, FELSTEY</u>	
Post town	<u>DUNMAN</u>
Postcode	<u>CM6 3DJ</u>

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 11,000 <u>£6,400</u>

Part 2 - Applicant details

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

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
i	as a limited company/limited liability partnership	<input 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	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)
Surname		First names		
AVEREE-BRESON		TILWAL		
Date of birth	16/1/62	I am 18 years old or over	Please tick yes <input checked="" type="checkbox"/>	
Nationality	BRITISH			
Current residential address if different from premises address	[Redacted]			
Post town	DUNMOW	Postcode	CM6 3LS	
Daytime contact telephone number	[Redacted]			
E-mail address (optional)	[Redacted]			
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)				

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Second individual applicant (if applicable) **N/A**

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		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)					

(B) Other applicants **N/A**

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	
Address	

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

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	11	2023

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)

BOOKSHOP + MUSIC CAFE

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)	<input checked="" type="checkbox"/>
f)	recorded music (if ticking yes, fill in box F)	<input checked="" type="checkbox"/>
g)	performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)		<input checked="" type="checkbox"/>
<u>Supply of alcohol</u> (if ticking yes, fill in box J)		<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

K		
L		
M		

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	Please give further details here (please read guidance note 4)	Both	
Tue			
Wed	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur			
Fri	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 6)		
Sat			
Sun			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon	
Tue	
Wed	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Thur	
Fri	<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 6)
Sat	
Sun	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	Please give further details here (please read guidance note 4) <i>(faint handwritten notes)</i>	Both	
Tue			
Wed	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5) <i>(faint handwritten notes)</i>		
Thur			
Fri	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 (please read guidance note 6) <i>(faint handwritten notes)</i>		
Sat			
Sun			

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	10.00	22.00	Please give further details here (please read guidance note 4) ACOUSTIC MUSIC + SINGING (GUITARS ETC)		
Tue	10.00	22.00			
Wed	10.00	22.00	State any seasonal variations for the performance of live music (please read guidance note 5) N/A		
Thur	10.00	22.00			
Fri	10.00	22.00	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 6) N/A		
Sat	10.00	22.00			
Sun	10.00	22.00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10.00	22.00	<p><u>Please give further details here</u> (please read guidance note 4)</p> <p>MUSIC PLAYED THROUGHOUT DAY ON WIFI STREAMING MUSIC SYSTEM - LOW VOLUMES</p>	Both	<input type="checkbox"/>
Tue	10.00	22.00			<input type="checkbox"/>
Wed	10.00	22.00			<input type="checkbox"/>
Thur	10.00	22.00			<input type="checkbox"/>
Fri	10.00	22.00			<input type="checkbox"/>
Sat	10.00	22.00			<input type="checkbox"/>
Sun	10.00	22.00			<input type="checkbox"/>
			<p><u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)</p> <p>—</p>		
			<p><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 6)</p> <p>—</p>		

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Please give further details here (please read guidance note 4)	Both
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of <u>late-night</u> refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finis h		Both	
Mon	-----	-----	<u>Please give further details here</u> (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	<u>State any seasonal variations for the provision of late-night refreshment</u> (please read guidance note 5)		
Thurs	-----	-----			
Fri	-----	-----	<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 6)		
Sat	-----	-----			
Sun	-----	-----			

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 checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	10.00	22.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input type="checkbox"/>
Tue	10.00	22.00			
Wed	10.00	22.00			
Thur	10.00	22.00		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)	
Fri	10.00	22.00			
Sat	10.00	22.00			
Sun	10.00	22.00			

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	TRENDA ANNE - BROWN
Date of birth	16 - 01 - 1960
Address	<div style="border: 1px solid red; width: 300px; height: 60px; background-color: white;"></div>
Postcode	CM6 3LS
Personal licence number (if known)	2115221 LAPER
Issuing licensing authority (if known)	UTTLESDALE

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

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	8.00	22.00
Tue	8.00	22.00
Wed	8.00	22.00
Thur	8.00	22.00
Fri	8.00	22.00
Sat	8.00	22.00
Sun	8.00	22.00

State any seasonal variations (please read guidance note 5)

THE HOURS STATED ARE MAXIMUM HOURS.

TYPICAL OPEN HOURS:

8AM - 18.00 PM MON - FRI

9AM - 13PM SAT / SUN

THURS / FRI EVENINGS EVENT

UNTIL ~~18.00~~ 22.00 PM

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)

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)

I AM AWARE OF THE OBJECTIVES ✓
MAKE STAFF WORKING WITH AWARE OF
THEM ON A DAILY BASIS. AS A BOOKSHOP
(ALCOHOL - ALCOHOL IS A MINOR PART OF OUR
SALES, HOWEVER WE ARE VIGILANT.

b) The prevention of crime and disorder

WE DO NOT ALLOW UNDERAGE DRINKING.
OUR EVENING EVENTS HAVE A POSITIVE
FOCUS (MUSIC / QUIZ / BOOK CLUB) WHICH
MEANS CASUAL DRINKING OR ALCOHOL
DOES NOT TAKE PLACE.

c) Public safety

I AM AWARE OF THE NEED TO
ENSURE CUSTOMERS DRINK SENSIBLY
+ TRAIN STAFF TO BE AWARE OF
ANY SUCH PROBLEMS

d) The prevention of public nuisance

WE NEVER EXPERIENCE EXCESSIVE
ALCOHOL INTAKE. WE MAKE SURE
WE ENCOURAGE CUSTOMERS TO LEAVE THE
PREMISES QUIETLY + IN GOOD TIMES.

e) The protection of children from harm

CHILDREN ARE GENERALLY NOT PRESENT
WHEN ALCOHOL IS CONSUMED - BUT WHEN
THEY ARE IT IS IN COMBINATION WITH
AN EVENT ✓ THE CONSUMPTION OF NON-ALCOHOL
DRINKS AS WELL. 17

Checklist:

Please tick to indicate agreement

<ul style="list-style-type: none">I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">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).	<input checked="" type="checkbox"/>

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 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
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	(please read guidance note 15). <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.
Signature	[Redacted]
Date	14 OCTOBER 2023
Capacity	INDIVIDUAL

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	
Capacity	

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

PREMISES PLAN KUMBAH

BACK YARD

SHED

STORE ROOM

TOILET

KITCHEN

COUNTER

SOFA

BOX SEATERS

255NO1818 STAIRS

BIN AREA

SIDE PATI

BENCHING

FRONT DOOR

BENCH

SEATING

SEATING

OUTSIDE FRONT YARD

SEATING

TABLE

SEATING

TABLE

SHOES

PATI

ROAD

