

APPENDIX 1

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 _____
(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 ZYNK (THE WINDSOR HOTEL) SOUTH PARADE			
Post town	WHITLEY BAY	Postcode	NE26 2AD RF.

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£44000.00

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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	MR
Surname			First names		
Date of birth					
I am 18 years old or over <input checked="" 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 9-digit '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)					

(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
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
1	8	09 20 19

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

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>LATE NIGHT BAR OPERATING OVER GROUND FLOOR</p>
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
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 indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1000	0100	Please give further details here (please read guidance note 4) FILMS/VIDEO/DVD		
Tue	1000	0100			
Wed	1000	0100	State any seasonal variations for the exhibition of films (please read guidance note 5) AS SET OUT IN BOX J		
Thur	1000	0300			
Fri	1000	0300	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) N/A		
Sat	1000	0300			
Sun	1000	2330			

D

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

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4) LIVE MUSIC MAY MAKE UP PART OF THE OFFERING FROM TIME TO TIME		
Mon	1000	0100			
Tue	1000	0100			
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) AS SET OUT IN BOX J		
Wed	1000	0100			
Thur	1000	0300			
			<u>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</u> (please read guidance note 6) AS SET OUT IN BOX J		
Fri	1000	0300			
Sat	1000	0300			
Sun	1000	2330			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1000	0100	<u>Please give further details here</u> (please read guidance note 4) RECORDED MUSIC MAY MAKE UP PART OF THE OFFERING FROM TIME TO TIME		
Tue	1000	0100			
Wed	1000	0100	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) AS SET OUT IN BOX J		
Thur	1000	0300			
Fri	1000	0300	<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) AS SET OUT IN BOX J		
Sat	1000	0300			
Sun	1000	2330			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	1000	0100	<u>Please give further details here</u> (please read guidance note 4) PERFORMANCE OF DANCE MUSIC MAY MAKE UP PART OF THE OFFERING FROM TIME TO TIME		
Tue	1000	0100			
Wed	1000	0100	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) AS SET OUT IN BOX J		
Thur	1000	0300			
Fri	1000	0300	<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 6) AS SET OUT IN BOX J		
Sat	1000	0300			
Sun	1000	2330			

H

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 ENTERTAINMENT SIMILAR TO MUSIC AND DANCING MAY MAKE UP PART OF THE OFFERING FROM TIME TO TIME		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	1000	0100		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	1000	0100	Please give further details here (please read guidance note 4)		
Wed	1000	0100	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5) AS SET OUT IN BOX J		
Thur	1000	0300	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) AS SET OUT IN BOX J		
Fri	1000	0300			
Sat	1000	0300			
Sun	1000	2330			

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) HOT FOOD AND BEVERAGES MAY BE AVAILABLE FROM TIME TO TIME		
Mon	2300	0100			
Tue	2300	0100	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) AS SET OUT IN BOX J		
Wed	2300	0100			
Thur	2300	0300	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 (please read guidance note 6) N/A		
Fri	2300	0300			
Sat	2300	0300			
Sun	2300	2330			

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 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 5) ALL LICENSED ACTIVITIES PERMITTED UNDER THIS LICENCE MAY BE EXTENDED FROM FINISH TIME ON NEW YEAR'S EVE TO START TIME ON NEW YEAR'S DAY.		
Mon	1100	0100			
Tue	1100	0100			
Wed	1100	0100			
Thur	1100	0300			
Fri	1100	0300			
Sat	1100	0300			
Sun	1100	2330			
			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) N/A		

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	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing authority (if known)	

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).
 NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) FOR AN ADDITIONAL 30 MINUTES BEYOND THOSE HOURS SET OUT IN BOX J 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) N/A
Day	Start	Finish	
Mon	1000	0130	
Tue	1000	0130	
Wed	1000	0130	
Thur	1000	0330	
Fri	1000	0330	
Sat	1000	0330	
Sun	1000	0000	

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)

AS SET OUT IN THE OPERATING SCHEDULE SUBMITTED WITH THE APPLICATION

b) The prevention of crime and disorder

AS SET OUT IN THE OPERATING SCHEDULE SUBMITTED WITH THE APPLICATION

c) Public safety

AS SET OUT IN THE OPERATING SCHEDULE SUBMITTED WITH THE APPLICATION

d) The prevention of public nuisance

AS SET OUT IN THE OPERATING SCHEDULE SUBMITTED WITH THE APPLICATION

e) The protection of children from harm

AS SET OUT IN THE OPERATING SCHEDULE SUBMITTED WITH THE APPLICATION

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.**

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 (please read guidance note 15).• 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
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	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	
Date	
Capacity	SOLICITOR AND AGENT FOR THE APPLICANT

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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Sarah.smith@sintons.co.uk			

OPERATING SCHEDULE

1. A CCTV system shall be designed, installed and maintained in proper working order, to the satisfaction of and in consultation with Northumbria Police. Such a system shall:-
 - (i) be operated by properly trained staff;
 - (ii) be in operation at all times that the premises are being used for a licensable activity;
 - (iii) ensure coverage of the entrances to the licensed premises internally and externally;
 - (iv) ensure coverage of such other areas as may be required by Northumberland Police;
 - (v) provide continuous recording facilities for each camera to a good standard of clarity. Such recordings shall be retained for a period of 28 days and shall be supplied to the Licensing Authority or Northumbria Police on request.
2. Signs are to be placed both internally and externally at the premises indicating to customers that CCTV is in operation on the premises. The signs are to be a minimum of A5 size.
3. The Designated Premises Supervisor (DPS) shall conduct a risk assessment for the general operation of the premises and in the case of individual bespoke events. Such risk assessment shall take into account the level of staffing, including the numbers of registered door staff, to be employed at the premises from opening to closing time.
4. The Designated Premise Supervisor or a designated senior member of staff shall be in charge of and present in the licensed premises at all times when they are open for the purpose of this licence.
5. All staff involved in the sale of alcohol will be trained in respect of the licensing laws in relation to detecting and preventing under age sales. Training records and manuals will be kept on site and be available to the Police on request. Training will be updated and recorded on a quarterly basis.
6. The Designated Premises Supervisor is to provide a written authorisation to all staff involved in the sale of alcohol. Such authorisation is to be retained as part of the staff training records.
7. The Premises Licence Holder will operate a 'Challenge 25 Policy' whilst the premises are open to the public. This is to be in operation by the door supervisors and the bar staff. All members of door staff and bar staff shall seek credible photographic proof of age from any person who appears to be under the age of 25 years and is either seeking to enter the premises or purchase alcohol. Such credible photographic proof will be a passport, driving licence or proof of age card carrying the 'PASS' logo; in addition, military identification cards, carrying a photograph and date of birth, will also be acceptable for this purpose. If a member of door staff or bar staff knows without doubt that a person is over 18 then a challenge for proof of age will not be necessary.
8. A refusals register or registers will be maintained by both door and bar staff and kept at the premises. These shall be documented and kept on file for the inspection by the Local Authority, Trading Standards Officer, Police Officer or representative of Northumbria Police on request.
9. One pint and half capacity drinking glassware and highball (tumbler) drinking glassware, in which drinks are served and any bottles with a capacity of less than 75cl in which drinks are served shall be made of polycarbonate, plastic or similar non glass material.

10. An individual risk assessment shall be carried out in respect of any dedicated event hosted at the premises which is attended primarily by persons under 18 years of age (i.e. Birthday parties). When such events are being hosted no alcohol will be sold anywhere within the premises.
11. There shall be no exhibition recitation, acting, singing or dancing in the premises which is of an obscene character or in any way offensive to public decency or calculated to excite any breach of the peace or disorder.
12. No young person under the age of fourteen shall be admitted to the premises when they are also licensed for the sale of intoxicating liquor unless accompanied by his or her parent or guardian.
13. The doors and windows of premises shall be kept closed during any entertainment function held on the premises except for the purposes of access, egress or in the case of emergency.
14. The volume control restriction device installed on the entertainment console on the premises shall be set at a level agreed with the officers of the Environmental Services Function. The device shall be kept maintained at this level during all entertainment held on the premises and noise from any entertainment function held on the premises shall be inaudible within the nearest neighbouring residential property.