

RECEIVED: 21/10/2021
M190679

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 EL MURRINO LTD
(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			
213 ASHLEY ROAD			
Post town	POOLE	Postcode	BH14 9EG

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

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" 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 | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 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					
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	EI MURRINO LTD.
Address	154 OLD CHRISTCHURCH ROAD BHI INL
Registered number (where applicable)	10140262
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY

Telephone number (if any)

01202 463333

E-mail address (optional)

CONTACT@ELMURRINO.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	5	102021

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

DD	MM	YYYY
2	5	102021

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

TAKE AWAY AND DELIVERY SITE. BREAKFAST BAR TOP FOR APPROX 5 STOOLS FOR CUSTOMERS TO EAT INSIDE WITH THE OPTION OF ON SALES. DELIVERY OF ALCOHOL ONLY WHEN FOOD IS PURCHASED.

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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption <u>- please tick</u> (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)		
Mon	11 AM	22:30			
Tue	11 AM	22:30			
Wed	11 AM	22:30			
Thur	11 AM	22:30			
Fri	11 AM	23:00			
Sat	11 AM	23:00			
Sun	11 AM	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)		

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 RONY EL MURR	
Date of birth	[REDACTED]
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) BOURNEMOUTH	

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)

CCTV TO BE INSTALLED INSIDE + OUTSIDE OF THE PREMISES. THE CAMERAS WILL COVER ALL INTERNAL AREAS ACCESSIBLE TO THE PUBLIC + AREAS IMMEDIATELY OUTSIDE OF THE PREMISES.

ALCOHOL WILL ONLY BE SUPPLIED WITH A MEAL EITHER ON THE PREMISES OR BY DELIVERY. ALL DELIVERIES WILL BE RECORDED TO THE ADDRESS WHERE THE ORDER WAS PLACED.

REFUSAL BOOK + INCIDENT LOG HELD + MAINTAINED. STAFF TRAINING

b) The prevention of crime and disorder RECORDS HELD

CCTV WILL BE INSTALLED INSIDE + OUTSIDE OF THE PREMISES. - THE RECORDING WILL BE IN REAL TIME + ON HARD DRIVE WITH THE AVAILABILITY TO COPY DISKS.

INCIDENT BOOK TO BE KEPT UP TO DATE

STAFF TO BE AWARE OF THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003 + RECOGNISE APPROPRIATE 'CUT OFF' POINTS FOR SERVING DRUNKEN CUSTOMERS, SO AS TO REDUCE

THE LIKELIHOOD OF FIGHTS + AGGRESSIVE BEHAVIOUR

c) Public safety

RISK ASSESSMENT CONSIDERING PUBLIC SAFETY IS CARRIED OUT AT THE PREMISES TO IDENTIFY POTENTIAL HAZARDS POSED TO STAFF AND CUSTOMERS.

FIRST AID BOX ON SITE / ACCIDENT BOOK.

POLICY BASED ON RA IN PLACE THAT INCLUDES EMERGENCY MANAGEMENT, EVACUATION PROCEDURES, FIRE, CONTINGENCY PLANNING, EVACUATION-ROUTES + EXITS DEFINED + EVACUATION PLANS EXERCISED

EQUIPMENT CHECKED + MAINTAINED REGULARLY. - RECORDED.

d) The prevention of public nuisance

STAFF TRAINING + AWARENESS ON RISKS + WORKING TO MINIMISE ANY DISTURBANCES FROM ASB TO KEEPING NOISE TO A MINIMUM, MANAGING ODOUR THROUGH GOOD EXTRACTION + HOUSEKEEPING. LITTER, + WASTE DISPOSED OF APPROPRIATELY.

e) The protection of children from harm

EL MURRINO STAFF WILL ASK FOR PHOTO ID OF ANY CUSTOMERS THAT THEY BELIEVE TO LOOK UNDER THE AGE OF 25. - DELIVERY DRIVERS TO DO THIS TOO.

CHALLENGE 25 POSTERS WILL BE DISPLAYED AT THE SERVING POINT

ALL STAFF WILL PARTICIPATE IN TRAINING THAT INCLUDES CHALLENGE 25, CONFLICT MANAGEMENT + SERVING

INTOXICATED CUSTOMERS.

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). ☐

- forms to be sent over.


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 her
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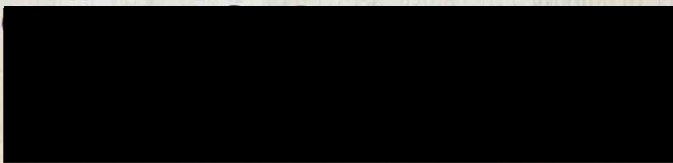
	proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	10.10.2021
Capacity	PERSONAL LICENCE HOLDER

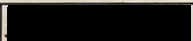
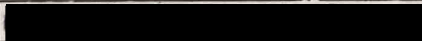
DIRECTOR OF ELMURRINO LTD

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	BOURNEMOUTH	Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
CONTACT@ELMURRINO.COM			

