

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 **Mr Jiri Mascilak, Mr Lukasz Bondyra**

.....
(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 Bread and Butcher ltd, 491 Christchurch Road			
Post town	Bournemouth - Boscombe	Postcode	BH1 4AE

Telephone number at premises (if any)	01202922150
Non-domestic rateable value of premises	£ 3900

Part 2 - Applicant details

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

- an individual or individuals * ☒ please complete
- a) a person other than an individual * ☐ section (B) please
- i as a limited company/limited liability partnership ☒ complete section (B)
- ii as a partnership (other than limited liability) ☐ please complete
- iii as an unincorporated association or ☐ section (B) please
- iv other (for example a statutory corporation) ☐ complete section (B)
- c) a recognised club ☐ please complete
- d) a charity ☐ section (B) please
- please complete section (A) 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 Act 2000 (c 14) in respect of an ☐ please complete section (B) independent hospital in Wales
- 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 ☐ please complete section (B) England and Wales

* 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)	
Surname Mascilak			First names Jiri		
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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Bondyra			First names Lukasz		
Date of birth I am 18 years old or over				<input checked="" 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	Bournemouth			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 3Vvino ltd
Address
Registered number (where applicable) 13198881
Description of applicant (for example, partnership, company, unincorporated association etc.) Retail company, fine vine importer and seller.
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

	DD	MM	YYYY			
When do you want the premises licence to start?	01	07	2022			

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

Please give a general description of the premises (please read guidance note 1)
Retail shop. Butcher located at 491 Christchurch Road, selling meat products to the public. Placed over two floors. Top floor includes sells/customers service area and bottom floor contains of storage areas and prep area - kitchen (plan included) We intend to sell alcohol to the public through shop floor sales and also through an e-shop. For deliveries we're going to use only alcohol accredited delivery companies.

Type text here

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) ☐
- 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

Type

A

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> – please tick (please read guidance note 8)		On the premises	<input type="checkbox"/>
					Off the premises	<input checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)			
Mon	closed					
Tue	1100	1800				
Wed	1100	1800				
Thur	1100	1800				
Fri	1100	1800				
			<u>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</u> (please read guidance note 6)			
Sat	1000	1430				
Sun	closed					

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 Mr. Lukasz Bondyra	
Date of birth	
Address	
Postcode	

Personal licence number (if known) BH

0139889

Issuing licensing authority (if known) Bournemouth

Borough Council

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).

Not Carring out any licencable activities other than sale of alcohol .

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	close d		
Tue	1100	1800	
Wed	1100	1800	
Thur	1100	1800	
Fri	1100	1800	
Sat	1000	1430	
Sun	close d		
			<u>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</u> (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)

Personal licence holder will be present at the premises all the time when alcohol is being sold. Staff will be trained and staff training records to be put in place and to be maintained to ensure that all necessary measures are taken to comply with four licensing objectives and all reasonable steps have been taken to manage and minimise the risks. Use CCTV to monitor all activities at the premises. Refusal book to record details of everyone who has been refused sale of alcohol.

b) The prevention of crime and disorder

Staff to be trained to recognise signs of any suspicious activity on and around the premises.
Report all criminal offences and antisocial behaviour to the authorities and keep all records in the incident log book.
All alcohol to be sold in sealed containers.

c) Public safety

Comply with all statutory fire safety controls.
Comply with all food safety regulations.
Take all reasonable steps to comply with Disability Discrimination Act 1995. Making our services available to disabled people.
Comply with all Health and Safety laws and regulations.
Premises air conditioned and ventilated.
All exit doors are easily operable without the use of key, card, code or similar means.

d) The prevention of public nuisance

Take all reasonable steps to prevent disruption to our neighbours.
Bins are kept at the rear of the property locked and away from public access.
No noise nuisance, light pollution or noxious smell to be present during or after operational hours.

e) The protection of children from harm

Fulfill our responsibility to safeguard children in and around the premises. In particular to ensure prevention of underage sales of alcohol.
All children to be supervised on the premises at all times by an adults.
Staff trained to operate age verification scheme and the age verification procedures used staff to know what types of identification are acceptable and to recognise signs of proxy purchase of alcohol.
Signes placed in prominent positions at the entrance to the premises which explain no sales of alcohol to those underage and challenge 25 in force.

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 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	03.06.2022
Capacity	

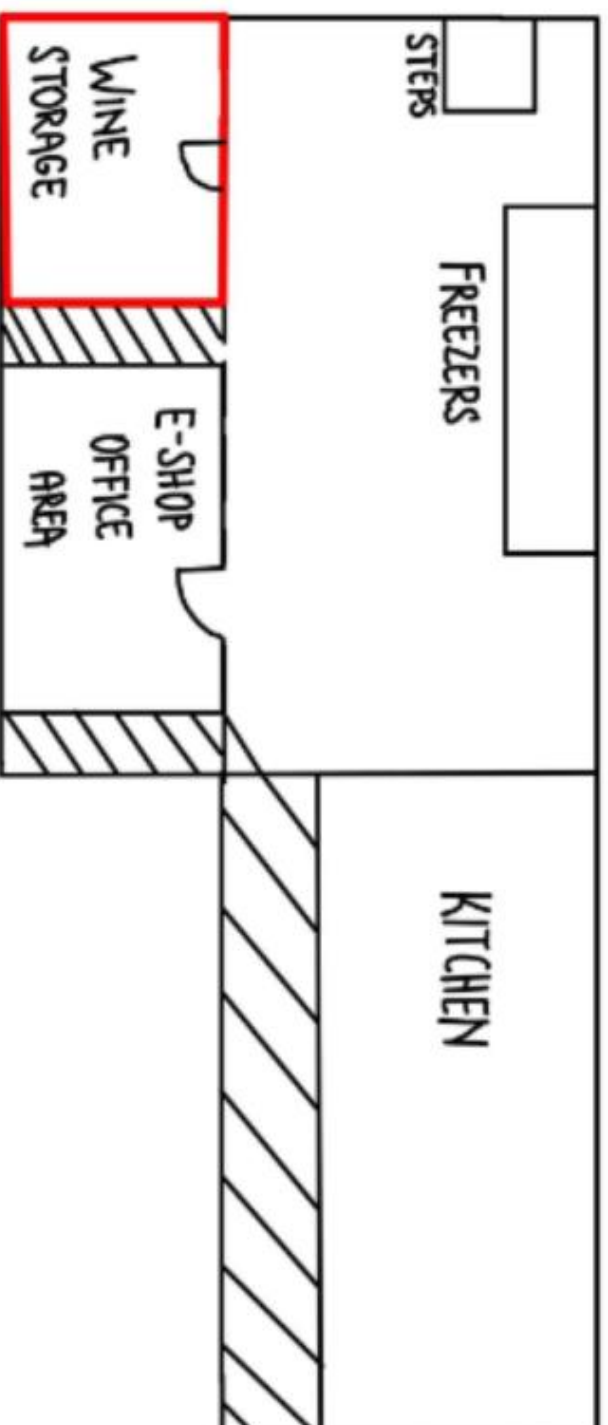
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	03.06.2022
Capacity	

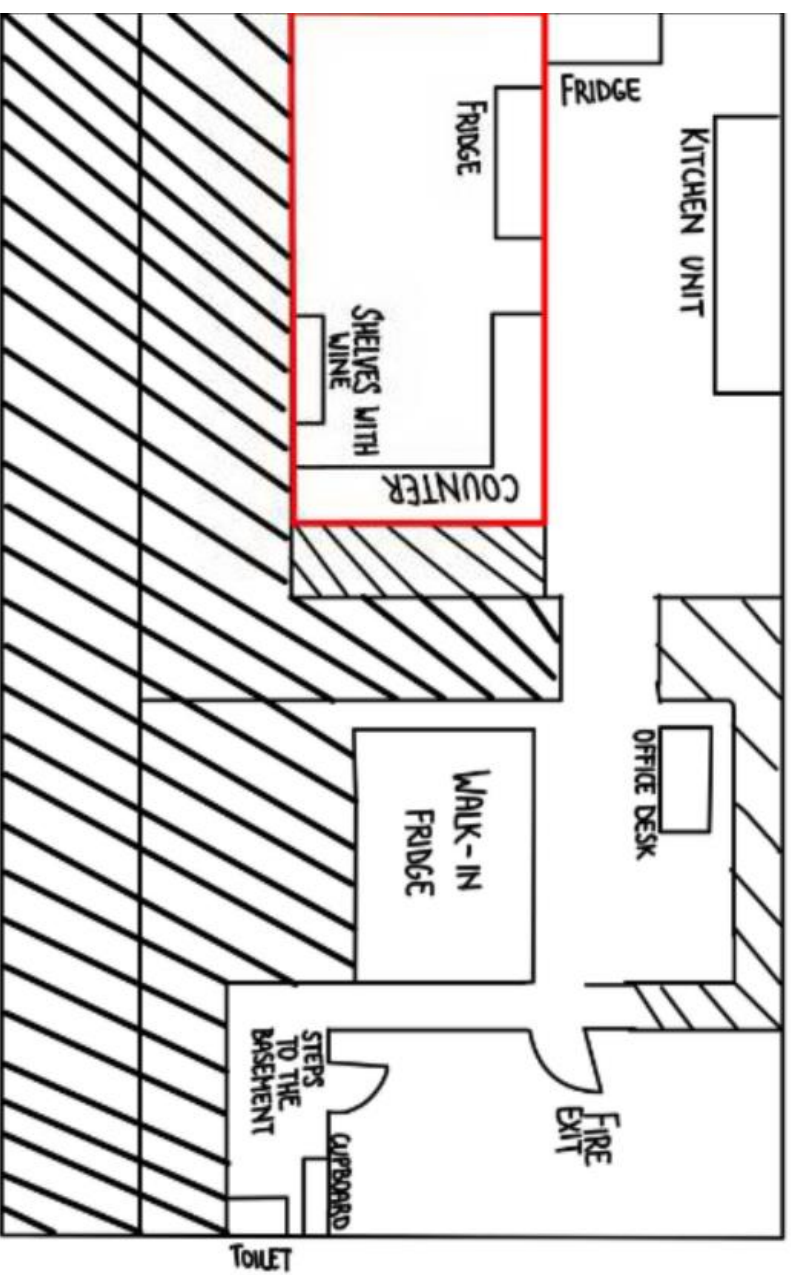
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) **Lukasz Bondyra**

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)
breadandbutcher@gmail.com



-1 FLOOR



GROUND FLOOR - BUTCHER'S SHOP