

**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** PURPLE TABLE 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 BOURNEMOUTH BAKE HOUSE 3-5 FIR VALE ROAD			
<b>Post town</b>	BOURNEMOUTH	<b>Postcode</b>	BH1 1JA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>£00.00 CURRENTLY UNDER RE-CONSTRUCTION. PREVIOUS RV £13000.00</b>

**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 ☐ 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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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	PURPLE TABLE LTD
Address	11 ST MICHAELS ROAD BOURNEMOUTH BH2 5DP
Registered number (where applicable)	<b>15001884</b>
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY

Telephone number (if any)

E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
2	5	0	5	2	0	2	4

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)

.  
Bournemouth Bake House is a new venture in the town centre by a client who already has a longstanding food led premises within the town centre.  
The intention is to offer an alternative food option to those using facilities in the night time economy.  
The Bake House will provide filled sandwiches, pies, pasties and hot and cold non-alcoholic drinks to customers rather than the large variety of traditional British and foreign fastfood being offered by other outlets

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input 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"/> |

**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**

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	2300	0500			
Tue	2300	0500			
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed	2300	0500			
Thur	2300	0500			
			<b><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></b> (please read guidance note 6)		
Fri	2300	0500			
Sat	2300	0500			
Sun	2300	0500			

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).

NO ENTERTAINMENT OF AN ADULT NATURE WILL TAKE PLACE

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	<b><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></b> (please read guidance note 6)
Mon	2200	0500	
Tue	2200	0500	
Wed	2200	0500	
Thur	2200	0500	
Fri	2200	0500	
Sat	2200	0500	
Sun	2200	0500	

**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)**

Bournemouth Bake House is a new venture in the town centre by a client who already has a longstanding food led premises within the town centre. The intention is to offer an alternative food option to those using facilities in the night time economy. The Bake House will provide fille sandwiches, pies, pasties and hot and cold non-alcoholic drinks to customers rather than the large varieties of traditional British and foreign food being offered in by other outlets Although it is not believed that this addition to the food outlets in Bournemouth will attract problems all staff employed by PURPLE TABLE LTD will be well trained in relation to the licensing objectives especially dealing with conflict should it arise..

**b) The prevention of crime and disorder**

All front of house staff will be trained to a competent level including conflict management.

An incident log shall be kept at the premises. The log shall include the date and time of the incident and the name of the member of staff who has been involved. and made available on request to an authorised officer of the Council or the Police, which shall record the following:

- (a) any complaints received
- (b) any incidents of disorder
- (c) any faults in the CCTV system / or searching equipment /or scanning equipment
- (d) any visit by a relevant authority or emergency service
- (e) all crimes reported to the venue
- (f) all ejections of patrons
- (g) all seizures of drugs or offensive weapons

This log to be checked on a weekly basis by the DPS of the premises.

The premises will actively participate in any local Town Watch initiative.

A CCTV system, shall be installed to cover all entry and exit points enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record and cover areas where alcohol is kept for selection and purchase by the public, whilst the premises is open for licensable activities. It shall operate during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 31days with correct date and time stamping. Recordings shall be made available immediately upon the request of Police or an authorised officer of the council throughout the preceding 31 day period. The CCTV system shall be updated and maintained according to police recommendations.



A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises are open to the public. This staff member must be able to show a Police or authorised council officer recent data or footage with the absolute minimum of delay when requested.

CCTV shall be downloaded on request of the Police or authorised officer of the council. Appropriate signage advising customers of CCTV being in operation, shall be prominently displayed in the premises.

A documented check of the CCTV shall be completed weekly to ensure all cameras remain operational and the 31 days storage for recordings is being maintained.

Refresher training shall be provided at least once every 6 months.

A record shall be maintained of all staff training and that record shall be signed by the person receiving the training and the trainer. The records shall be kept for a minimum of 12 months and made available for inspection by police, licensing or other authorised officers.

**c) Public safety**

The applicant is aware of the need to ensure that members of the public or staff are not put at risk. A Fire Risk Assessment for the premises will be undertaken and will be complied with.

Other General Health and Safety Risk Assessments, including First Aid will be adhered to in order to protect customers and staff.

**d) The prevention of public nuisance**

No waste will be removed from the premises during the hours of 2200hrs - 0800hrs.

No deliveries to the premises will take place between the hours of 2200hrs - 0800hrs.

Staff will encourage customers to leave quietly and have regard for residents.

Any outside areas of the premises will be regularly monitored by staff and CCTV to ensure that the licensing objectives are being upheld and no customers are loitering outside premises.

Signs will be displayed at the exit requesting customers to leave the area quietly, having regard for local residents.

No noise generated on the premises, or by its associated plant or equipment, shall emanate from the premises nor vibration be transmitted through the structure of the premises which gives rise to a nuisance.

**e) The protection of children from harm**

Written records of relevant training in relation to young persons and subsequent refresher training will be kept for all staff.

**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 (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)

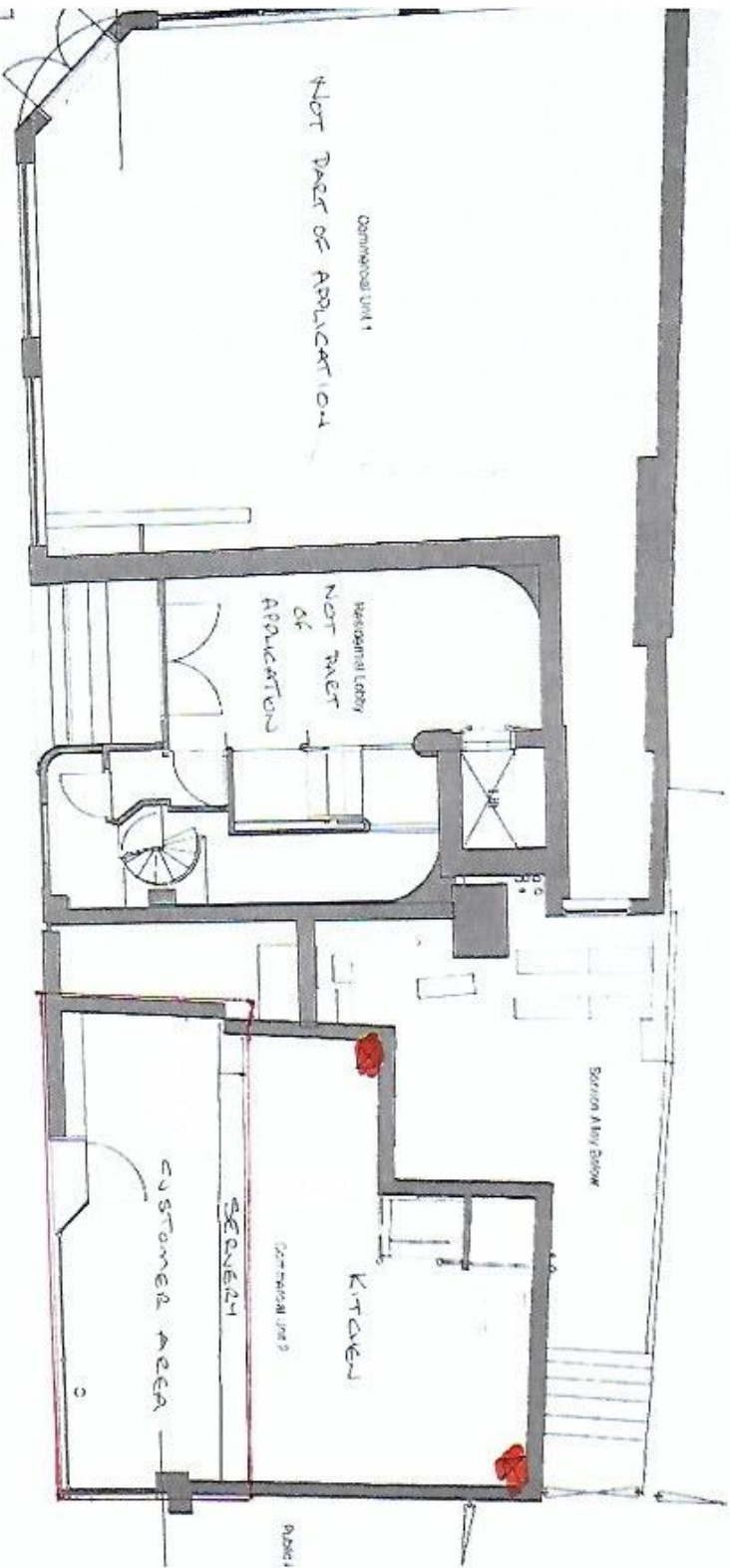
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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, if appropriate (please see note 15)</li></ul>
Signature	<i>David Ramsay</i>
Date	21 <sup>st</sup> April 2024
Capacity	David Ramsay Licensing Consultant on behalf of PURPLE TABLE LTD

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
David Ramsay Licensing Consultant ‘Hazelhurst’ 16 Stanley Drive			
Post town	<b>Brookfield</b>	Postcode	<b>PA5 8UG</b>
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



Bournemouth BAKERS,  
3 and 5 Fir Vale Road  
Bournemouth BH1 2DA

Fir Vale Road

— Incensed Area  
Fire Extinguisher