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 CL9 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			
PALM LOUNGE POOLE HILL BOURNEMOUTH BH2 5PW			
Post town	BOURNEMOUTH	**Postcode**	BH2 5PW

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 12,500

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)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname		**First names**	
Date of birth	I am 18 years old or over ☐ 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 CL9 LIMITED
Address 24 BATH HILL COURT BATH ROAD BOURNEMOUTH BH1 2HP
Registered number (where applicable) 14913693
Description of applicant (for example, partnership, company, unincorporated association etc.) WE ARE APPLYING AS A LIMITED COMPANY. THE APPLICATION IS FOR OUR RESTAURANT/CAFE TRADING UNDER THE NAME PALM LOUNGE

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 6 1 0 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)

WE ARE A RESTAURANT/CAFE THAT SPECIALISE IN MEDITERRANEAN FOOD, MILKSHAKES, SMOOTHIES AND HOT DRINKS. THE PREMISES IS AN ISLAND SITE WITH INDOOR SEATING AND A FRONT/REAR OUTDOOR SEATING AREA. WE DO NOT SERVE ALCOHOL.

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

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	☐
				Outdoors	☐
				Both	☑
Day	Start	Finish			
Mon	11:00AM	02:00AM	**Please give further details here** (please read guidance note 4) WE WOULD LIKE TO SERVE HOT FOOD AND HOT DRINKS IN OUR INDOOR SEATING AREA, OUTDOOR SEATING AREA AND TO TAKE-AWAY. WE WOULD LIKE TO SERVE THOSE TO 2AM.		
Tue	11:00AM	02:00AM			
Wed	11:00AM	02:00AM	**State any seasonal variations for the provision of late night refreshment** (please read guidance note 5)		
Thur	11:00AM	02:00AM			
Fri	11:00AM	02:00AM	**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)		
Sat	11:00AM	02:00AM			
Sun	11:00AM	02:00AM			

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)

WE ENSURE THAT AT ALL TIMES THERE WILL BE SUFFICIENTLY TRAINED STAFF ON DUTY TO FULFILL ALL FOUR LICENSING OBJECTIVES

b) The prevention of crime and disorder

- WE HAVE 12 CAMERAS RUNNING THROUGHOUT THE PREMISES
- FOOTAGE STORED FOR 5 WEEKS
- SIGNAGE SHOWING THAT CCTV IS IN OPERATION

c) Public safety

- ALL APPROPRIATE FIRE SAFETY PROCEDURES FOLLOWED
- FIRE EXTINGUISHERS
- FIRE BLANKET
- CLEAR FIRE EXIT SIGNS
- EMERGENCY EXIT FREE FROM OBSTRUCTION
- REGULAR INSPECTION OF ALL APPLIANCES

d) The prevention of public nuisance

- NO MUSIC PLAYING THAT IS LOUD
- NO BACKGROUND MUSIC AFTER 10PM
- STAFF TRAINING
- CUSTOMERS WILL BE TOLD TO LEAVE QUIETLY
- STAFF WILL TELL CUSTOMERS TO KEEP NOISE LEVEL DOWN.

e) The protection of children from harm

- STAFF TRAWED FOR CHILD SAFETY
- ID CHECKS
- REGISTER OF REFUSED SALE KEPT

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	• [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	[redacted]
Date	20/10/2024
Capacity	DIRECTOR

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)

	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	[redacted]
Date	16/10/2024
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	[redacted]
Date	16/10/2024
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)

Formation of pedestrian access

Raised planter

Existing dwarf wall to be retained

Extent of retractable canopy

Extent of retractable canopy

Existing disabled access retained

Low level gate to match height of hedge

Existing dwarf wall retained

Water feature

Raised decking

Low level hedge to site boundary

Extent of retractable canopy

Low level gate to match height of hedge

Fire Exit

Fire Extinguisher

Fire Extinguisher

Fire Extinguisher

Kitchen

Gents WC

240L recycle

90L refuse

Disabled / ladies WC

Existing disabled access retained

Poole Hill

Commercial Road

PROPOSED SITE PLAN
SCALE 1:100@A3
SCALE 1:50@A1

0 1m 2m 5m

Site Boundary

PROPOSED SITE PLAN

Poole Hill Tables
Drawn by JW
Scale As shown

Revision Notes Date

849.100a

dot architecture

1074 Christchurch Road Bournemouth BH7 6DS 01202 780639

www.dotarchitecture.co.uk Design On Trust LTD