

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 Christchurch Harbour Kitchen 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 (what3words) else.harp.learns			
Post town		Postcode	

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

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	Christchurch Harbour Kitchen Ltd
Address	4 Grand Cinema Buildings, Poole Road, Bournemouth, Dorset, BH4 9DW
Registered number (where applicable)	16259213
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company

Telephone number (if any)
E-mail address (optional) christchurchharbourkitchen@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
1	6	0	5	2	0	2	5

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)

The premises is a Bespoke Designed floating restaurant which has been engineered and designed to accommodate a kitchen and dinning area. There is a kitchen in the centre, which has tables with chairs either side. It has 2 serving hatches from the kitchen for serving food and drink to eat in or takeaway. There are railings all the way round the vessel for safety. CCTV for security, notices for age restriction, signage for customers to leave premises quietly. We are temporary motorised facility that will pitch up at designated area daily and then move to our mooring in the evening. the designated area will then become vacant. With the premises being a motorised vessel we are able to leave and return to same location

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

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music 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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	08.00	23.00	<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)		
Sun	08.00	23.00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – 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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Mon	11.00	23.00			
Tue	11.00	23.00			
Wed	11.00	23.00			
Thur	11.00	23.00			
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	23.00	<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)		

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	Virginia Hazell-Trickett
Date of birth	
Address	
Postcode	
Personal licence number (if known)	tba
Issuing licensing authority (if known)	tba

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).

N/A

Suitable for all the family

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	<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)
Mon	08.00	23.00	
Tue	08.00	23.00	
Wed	08.00	23.00	
Thur	08.00	23.00	
Fri	08.00	23.00	
Sat	08.00	23.00	
Sun	08.00	23.00	

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)

Training staff in responsible alcohol service and conflict resolution.

Installing CCTV for security and maintaining footage for police if needed.

Ensuring clear policies are in place and regularly updated.

b) The prevention of crime and disorder

Implementing ID checks to prevent underage sales.

Refusing service to intoxicated or disorderly individuals.

Criminal nature will be reported to the police

CCTV Coverage will be used - coverage of entrance and exit and at the bar

Provide good quality images with dates and times

Have signage displayed in customers area to advise CCTV in operation

c) Public safety

Ensuring first aid kits are available on-site.

Conducting regular risk assessments and safety checks.

Fire extinguishers, fire blanket, Fire exit signs

Preventing overcrowding by managing capacity limits effectively.

Railings, anti slip flooring, signage for wet floor

d) The prevention of public nuisance

Controlling noise levels

Managing outdoor seating.

Ensuring waste disposal procedures keep the area clean.

e) The protection of children from harm

Implementing age restrictions for alcohol sales.

Training staff to challenge underage sales and recognize safeguarding concerns.

Photographic ID such as proof of age card, driving license or passport will be asked for anyone who appears to be under age 25

All staff will be trained for underage sales prevention regularly

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
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LIFE BUOY

9m

FIRE SAFETY

SERVING HATCH

4.4m

2.2m

KITCHEN

9m

WC

BASIN

00

FIRE SAFETY

SERVING HATCH

7m

9m

LIFE BUOY

FIRE SAFETY

DOOR

KITCHEN ROOM

9m

FIRST AID KIT

6m WALK ON AND
OFF GANTRY
WITH FULL HAND RAILS

NOTE: ALL AROUND
CRAFT ARE RAININGS
WITH WIND DEFLECTION.

WC SIZE 1 METRE X 1.300

LIFE BUOY RINGS ONE
EACH SIDE

GUARD RAIL ALL THE WAY ROUND
1 METRE HIGH

HORIZONTAL VIEW

Details on the proposed layout

- (a) 9m x9m
- (b) 6m Gantry at the front of the premises with full handrails either side
- (c) Please see detail (b)
- (d) Please see detail (b)
- (e) there are no fixed structures
- (f) No stage or raised area
- (g) there are no steps, stairs, elevators or lifts
- (h) Location of W/C is to the back of premises – size 1m x 1.3m see diagram
- (i) Fire extinguishers mixed foam and water as demonstrated (fire safety) outer walls of kitchen plus inside. As the craft will not be moving there will be life buoys on both sides of the craft attached to the surrounding railings. First aid box kept in locker room
- (j) The kitchen is at the centre of the craft which is 9m x 9m with the kitchen measuring 7m x 2.5m overall