

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 Big Wigs Bakery 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			
Big Wigs Bakery 9 Marlow drive			
Post town	Christchurch	Postcode	BH23 2RR
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 9300		

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	BigWigs Bakery Limited
Address	148 Tuckton Road Bournemouth
Registered number (where applicable)	12043730
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company

Telephone number (if any)	[REDACTED]
E-mail address (optional)	bigwigsbakery@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	06	2025

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)

Cafe/Bakery with tables and chairs inside and out. Small hot kitchen at rear, customer service counter. Glass frontage, tiled floor throughout. Off supplies consumption Approx 25 covers in total on benches in front of premises

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 checked="" 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

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	7:30	23:00	Please give further details here (please read guidance note 4)		
Tue	7:30	23:00	Amplified music through internal ceiling speakers, playing from tablet device.		
Wed	7:30	23:00			
Thur	7:30	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Fri	7:30	23:00	N/A		
Sat	7:30	23:00	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 (please read guidance note 6)		
Sun	7:30	23:00	N/A		

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"/>
Day	Start	Finish		Both <input checked="" type="checkbox"/>
Mon	7:30	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5) N/A	
Tue	7:30	23:00		
Wed	7:30	23:00		
Thur	7:30	23:00	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) N/A	
Fri	7:30	23:00		
Sat	7:30	23:00		
Sun	7:30	23:00		

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			
Date of birth			
Address			
Postcode			
Personal licence number (if known)			
Issuing licensing authority (if known)			

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).

None

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	7:30	16:00
Tue	7:30	16:00
Wed	7:30	16:00
Thur	7:30	16:00
Fri	7:30	16:00
Sat	7:30	16:00
Sun	7:30	16:00

State any seasonal variations (please read guidance note 5)

N/A

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 (please read guidance note 6)

We may stay open later during the Summer Holidays - until 23:00 Friday/Saturday/Sunday

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)

All staff members serving/selling alcohol to undergo full training and use of "Challenge 25" policy. Staff log to be kept and refresher training to be done when necessary. Training log to be kept for minimum of twelve months.

b) The prevention of crime and disorder

The premises will be an active member of the town watch/pubwatch scheme. CCTV will be in 24-hour operation - all recording to be kept for minimum of 31 days. Train staff to clearly communicate with police to aid rapid response.

c) Public safety

Clearly marked fire exits, onsite fire extinguishers. Risk assessments carried out and kept on file on site. Onsite first aid kit and basic first aid training for staff. Wet floor signs in use.

d) The prevention of public nuisance

Use of "Challenge 25" scheme. No external music. Signage to inform patrons to leave the premise quietly and respect neighbours.

e) The protection of children from harm

Challenge 25 shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, or passport/holographically marked PASS scheme identification cards. Appropriate signage advising customers of the policy shall prominently displayed in the premises. All staff involved in the sale of alcohol shall receive training on the law relating to prohibited sales, the age verification policy adopted

PTO

by the premises and the conditions attaching to the premises licence - Refresher training shall be provided at least once every six 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 twelve months and made available for inspection by police, licensing or other authorised officers.

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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	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	14/05/2025
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)	
[REDACTED]	
Post town	Bournemouth
Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
bigwigsbakery@gmail-com	

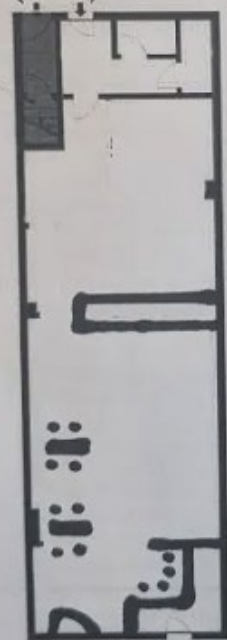
The OS Map show's the location of the property within the surrounding area.
The demise of the leased property is shown on the main, larger plan.









Entrance
To
9 + 10

Entrance
To
9

Stairs
Up To
First Floor



-  - Demise of lease
-  - Building
-  - Access area
-  - Car Park
-  - Accessway
-  - The Estate

GROUND FLOOR

9 MARLOW DRIVE, CHRISTCHURCH
BOURNEMOUTH CHRISTCHURCH POOLE
BH23 2RR

0 1.5 3 4.5 6 7.5
METRES
Print Guide: when printed correctly the scale bar will measure 5cm

LEASE PLAN

SCALE 1:150
PRINT AT A4

PLANS DRAWN
JUNE 2021

V13

