

New Premises Licence

Premises Details

Premises Address *

5 Pickford Street Milnsbridge Huddersfield West Yorkshire
HD3 4LH

Telephone number at premises (if any)

[REDACTED]

Non-domestic value of premises. *

£ 80000

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

an individual or individuals

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Individual Applicant

Title *

Mrs

First name *

Amy

Surname *

Lambert

Street address *

[REDACTED]

[REDACTED]

[REDACTED]

Individual Applicant

Town/City *

County

Postcode *

Date of Birth *

I am 18 years old or over

Nationality *

Daytime Contact Telephone Number *

Email *

Operating Schedule

When do you want the premises licence to start? *

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. *

The business I am opening will be a coffee shop. The premises itself consists of a 2 storey building with a large shop front window. The reason for my premises application is in order to sell alcohol as/when required. We would like to hold event nights once a month which may include live music.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Operating Schedule

What licensable activities do you intend to carry on from the premises? * (Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2) *

Plays

Operating Schedule

- Films
- Indoor Sporting Events
- Boxing or Wrestling
- Live Music
- Recorded Music
- Performances of Dance
- Anything of a similar description falling under Music or Dance
- Provision of late night refreshment
- Supply of Alcohol

Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Friday

18:30

22:30

Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Live Music

Please provide further details. (please read guidance note 4)

Live music performance would be held no more than once a month, this would be ticket holder access only for a small group of individuals.

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

This would only occur once a month.

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

As it currently stands these would be the only times, if any others were to take place then a TEN would be submitted.

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)*
Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

22:30

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

On the premises

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

No

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

Designated Premises Supervisor

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)

Title *

Mrs

First name *

Amy

Designated Premises Supervisor

Surname *	Lambert
Street address *	[REDACTED]
	[REDACTED]
	[REDACTED]
Town/City *	[REDACTED]
County	[REDACTED]
Postcode *	[REDACTED]
Personal Licence Number (if known)	
Issuing Licensing Authority (if known)	Kirklees

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *	Tuesday
	10:00
	22:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *	Wednesday
	10:00
	22:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Thursday

10:00

22:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Friday

10:00

22:30

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Saturday

10:00

22:00

Licensing Objectives

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) *

The steps I intend to take to promote the licensing objectives is to limit the number of members of the public on the premises for their safety and in order for the prevention of public nuisance. CCTV will also be in operation and when/if required security staff will be present.

Licensing Objectives

b) The prevention of crime and disorder *

CCTV Security Staff

c) Public safety *

Appropriate/outside lighting Dispersal policy Access to local transport numbers

d) The prevention of public nuisance *

Noise prevention measures Sensible closing time and dispersal methods

e) The protection of children from harm *

Children not allowed unaccompanied by an adult after 8pm
No alcohol to be sold to anyone under the age of 21

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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, if appropriate (please see note 15).

Full Name *

Amy Lambert

Date *

23/08/2023

Declarations

Capacity *

Applicant



Declaration made

Do you wish to provide alternative correspondence details? *

No

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

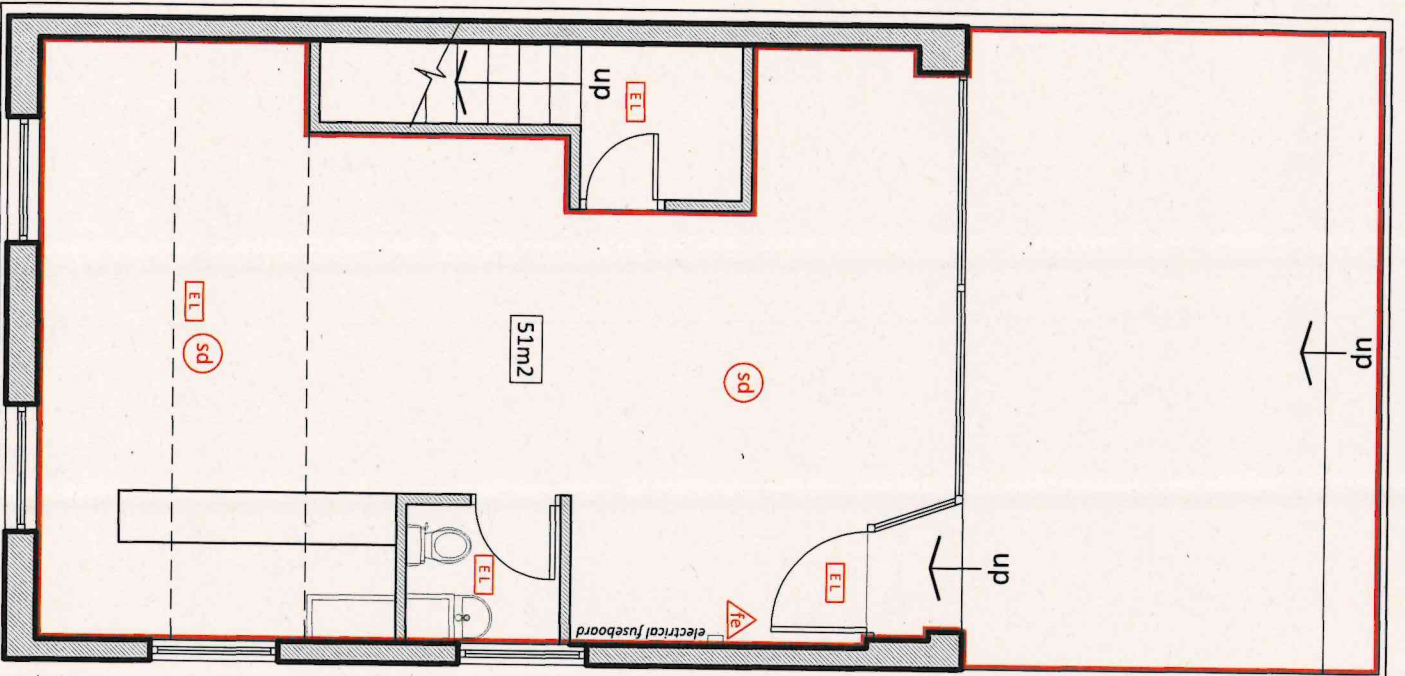
Amy

Surname /Company Name

Lambert

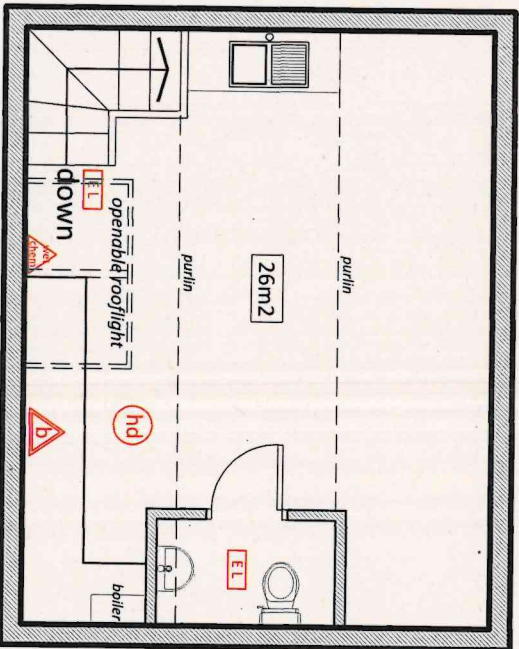
Email *

Telephone



GROUND FLOOR LAYOUT

SCALE 1:50

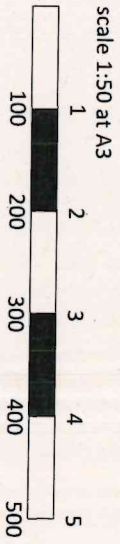


FIRST FLOOR LAYOUT

SCALE 1:50

KEY

- red outlined area for alcohol sales
- sd smoke detector
- hd heat detector
- fe fire extinguisher- foam
- fe fire extinguisher- wet-chemical
- b fire blanket
- EL emergency light fitting



DO NOT SCALE IF IN DOUBT ASK

REV	DATE	DETAILED	INITIAL

PROJECT
5 PICKFORD STREET
MILNSBRIDGE
HUDDERSFIELD, HD3 4LQ

CLIENT
MRS AMY LAMBERT

TITLE
LICENSING PLAN

DWG No. HD3-01 SCALE 1:50@A3

DRAWN BY T.D DATE 20/08/23