

Application for a Premises Licence under the Licensing Act 2003

Please read the following instructions first –

- Use the extra page at the end of the form to provide further details if necessary
- When it is complete you can submit the form directly to us – use the submit button. You may wish to print and keep a copy of the completed form for your records. For information about filling in this type of electronic form, use the help button
- For any applications which include the sale of alcohol, you will need to ensure the Designated Premises Supervisor has completed the consent form and upload it to validate your application
- Before you complete this form -
 - [Please read the available information on the Licensing Act 2003 \(opens in a new tab\)](#)
 - [Please read the application specific guidance notes \(opens in a new tab\)](#)
 - [Please read the Home Office guidance and refer to it while completing your application \(opens in a new tab\)](#)

What district/local area are you applying to?

I / We (premises licence holder name)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described 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.

Premises Details

Postal address of premises or, if none, ordinance survey map reference or description

Postcode

Telephone number of premises

What is the non-domestic rateable value of the premises?

Trading name of the business

Applicant Details

Please state whether you are applying for a premises licence as

Please confirm:

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 His Majesty's prerogative

INDIVIDUAL APPLICANTS (fill in as applicable)

Note, names provided in this section must match the premises licence holder names given earlier.

Title	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Are you 18 years or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth	<input type="text"/>
Current postal address if different from premises address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Confirm email address	<input type="text"/>

Right to Work - where applicable (if demonstrating a right to work via the [Home Office online right to work checking service \(opens in a new tab\)](#)), the 'share code' provided to the applicant by that service.

Input share code if applicable	<input type="text"/>
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SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth (you must be 18 years old or over)	<input type="text"/>
Current postal address if different from premises address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Confirm email address	<input type="text"/>

Right to Work - where applicable (if demonstrating a right to work via the [Home Office online right to work checking service \(opens in a new tab\)](#)), the 'share code' provided to the applicant by that service.

Input share code if applicable	<input type="text"/>
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OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name

Lullaby Inc Ltd

Address

1 Essex Street
Norwich
Norfolk
NR2 2BL

Registered number (where applicable)

05829469

Description of applicant (for example, partnership, company, unincorporated association etc.)

Limited Company

Telephone number (if any)

[REDACTED]

Email address (optional)

[REDACTED]

Confirm email address (optional)

[REDACTED]

Agent details

Title

Ms

Forename(s)

Lauren

Surname

Gregory

Address

[Redacted address]

Postcode

[Redacted postcode]

Telephone number

[Redacted telephone number]

Email address

[Redacted email address]

Confirm email address

[Redacted confirm email address]

Operating Schedule

When do you want the premises licence to start?

Please note, your application for a premises licence may take up to two months to determine.

If you wish the licence to be valid only for a limited period, when do you want it to end?

Are more than 5,000 people to attend the premises at any one time?

Yes No

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

General description of premises [\(please read guidance note 1 \(opens in a new tab\)\)](#)

The Garnet Stores Is Currently A Small Homeware And Lifestyle Store Next Door To The Garnet Pub.

The Stores Are On One Floor Only
Pavement Level And The Area Outside Already Has A Licence Occupied By The Garnet Pub Which Is The Same Business.

We Will Continue To Trade As A Shop But Would Now Like To Offer The Opportunity For People To Drink Wine In The Shop And Purchase A Selection Of Wines & Local Spirits To Be Able To Take Away Home And Feature In Gift Hampers.

Operating Schedule Continued

What licensable activities do you intend to carry on from the premises?

(Please see [section 1 of the Licensing Act 2003 \(opens in a new tab\)](#) and [Schedule 1 and 2 to the Licensing Act \(opens in a new tab\)](#)).

Provision of regulated entertainment

- a) plays
- b) films
- c) indoor sporting events
- d) boxing or wrestling entertainment
- e) live music
- f) recorded music
- g) performance of dance
- h) anything of a similar description to that falling within e, f or g

i) Provision of late night refreshment (hot food and, or drink 11pm-5am)

j) Supply of alcohol

Is the premises exclusively or primarily selling alcohol for consumption on the premises?

Do you want to remove the requirement to name a Designated Premises Supervisor (DPS)? Yes No

A

Plays Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of a play take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for performing plays (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

B

Films Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the exhibition of films take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for the exhibition of films (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

C

Indoor Sporting Events Standard days and timings (please read guidance note 6 (opens in a new tab))				
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))	
Mon	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Tues	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Wed	<input type="text"/>	<input type="text"/>		State any seasonal variations for indoor sporting events (please read guidance note 4 (opens in a new tab))
	<input type="text"/>	<input type="text"/>		
Thur	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for indoor sporting events at different times than those listed, please list (please read guidance note 5 (opens in a new tab))	
	<input type="text"/>	<input type="text"/>		
Sat	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Sun	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the boxing or wrestling entertainment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

E

Live music Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of live music take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for performance of live music (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

F

Recorded music Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the playing of recorded music take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input checked="" type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	10:00	20:00	This will be ambient music played in the shop		
Tues	10:00	20:00			
Wed	10:00	20:00	State any seasonal variations for playing recorded music (please read guidance note 4 (opens in a new tab))		
			NA		
Thur	10:00	22:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times than those listed, please list (please read guidance note 5 (opens in a new tab))		
Fri	10:00	22:00			
Sat	10:00	22:00	NA		
Sun	10:00	20:00			

G

Performance of dance Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of dance take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for the performance of dance (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6 (opens in a new tab))</p>			<p>Please give a description of the type of entertainment you will be providing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>									
			<p>Will the entertainment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))</p>		Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>				
			Both	<input type="checkbox"/>								
<p>Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?</p>					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Day	Start time	Finish time	<p>Please give further details here (please read guidance note 3 (opens in a new tab))</p>									
Mon	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>									
	<input type="text"/>	<input type="text"/>										
Tues	<input type="text"/>	<input type="text"/>										
	<input type="text"/>	<input type="text"/>										
Wed	<input type="text"/>	<input type="text"/>						<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) and (g) (please read guidance note 4 (opens in a new tab))</p>				
	<input type="text"/>	<input type="text"/>						<div style="border: 1px solid black; height: 150px; width: 100%;"></div>				
Thur	<input type="text"/>	<input type="text"/>										
	<input type="text"/>	<input type="text"/>										
Fri	<input type="text"/>	<input type="text"/>	<p>Non standard timings. Where you intend to use the premises for entertainment of a similar description to that falling within (e), (f) or (g) at different times than those listed, please list (please read guidance note 5 (opens in a new tab))</p>									
	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>									
Sat	<input type="text"/>	<input type="text"/>										
	<input type="text"/>	<input type="text"/>										
Sun	<input type="text"/>	<input type="text"/>										
	<input type="text"/>	<input type="text"/>										

I

Late night refreshment Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the provision of late night refreshment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for the provision of late night refreshment (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

J

Supply of alcohol Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the supply of alcohol be for consumption: (please read guidance note 2 (opens in a new tab))		On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Day	Start time	Finish time	State any seasonal variations for the supply of alcohol (please read guidance note 4 (opens in a new tab))	
Mon	<input type="text" value="10:00"/>	<input type="text" value="20:00"/>	<input type="text" value="NA"/>	
	<input type="text"/>	<input type="text"/>		
Tues	<input type="text" value="10:00"/>	<input type="text" value="20:00"/>		
	<input type="text"/>	<input type="text"/>		
Wed	<input type="text" value="10:00"/>	<input type="text" value="20:00"/>		
	<input type="text"/>	<input type="text"/>		
Thur	<input type="text" value="10:00"/>	<input type="text" value="22:00"/>		
	<input type="text"/>	<input type="text"/>	<input type="text" value="NA"/>	
Fri	<input type="text" value="10:00"/>	<input type="text" value="22:00"/>		
	<input type="text"/>	<input type="text"/>		
Sat	<input type="text" value="10:00"/>	<input type="text" value="22:00"/>		
	<input type="text"/>	<input type="text"/>		
Sun	<input type="text" value="10:00"/>	<input type="text" value="20:00"/>		
	<input type="text"/>	<input type="text"/>		

State the name and details of the individual whom you wish to specify on the licence as Designated Premises Supervisor (DPS).

Title	<input type="text" value="Ms"/>
Forename(s)	<input type="text" value="Lauren"/>
Surname	<input type="text" value="Gregory"/>
Date of birth	<input type="text" value="██████████"/>
Home address	<input type="text" value="██████████"/>
Postcode	<input type="text" value="██████████"/>
Personal licence number	<input type="text" value="██████████"/>
Issuing licensing authority	<input type="text" value="██████████"/>

Please complete the 'Consent of individual to being specified as designated premises supervisor' form and have the person specified above confirm the details given.

Consent to being specified as Designated Premises Supervisor

I,

[Full name of designated premises supervisor]

of

[Home address of designated premises supervisor]

Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

Type of application

by

[Name of premises licence holder/s]

Relating to a premises licence

[Number of existing licence, if any]

For Name of premises

Address of premises

Postcode

And any premises licence to be granted or varied in respect of this application made by

Name of premises licence holder/s

Concerning the supply of alcohol at Name of premises

Address of the premises

Postcode

Consent of individual to being specified as premises supervisor (cont.)

I confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I have set out on this form.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority (if any)

Name of authority

Address of authority

Postcode

Telephone number of authority

Confirmation

Name

Date

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 8 \(opens in a new tab\)](#))

Nothing to highlight which gives concern

L

Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?			Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Hours premises are open to the public Standard days and timings (please read guidance note 6 (opens in a new tab))			State any seasonal variations (please read guidance note 4 (opens in a new tab))			
Day	Start time	Finish time				
Mon	09:00	20:00				
Tues	09:00	20:00				
Wed	09:00	20:00				
Thur	09:00	22:00				
Fri	09:00	22:00				
Sat	09:00	22:00				
Sun	09:00	22:00				
			Non standard timings. Where you intend to use the premises to be open to the public at different times than those listed, please list (please read guidance note 5 (opens in a new tab))			
			It's unlikely we will be open as late as the times stated here unless we have specific wine tastings/plans which make opening late viable			

M – Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) ([please read guidance note 9 \(opens in a new tab\)](#))

As part of the same business as The Garnet Pub next door we are very well experienced in managing the licensing objectives.

The Garnet Stores will continue to trade as a shop, not a bar, and our approach will be very much to ensure alcohol sales are premium and limited.

There will be limited seating, limited alcohol for sale, and a small capacity. Customers will be encouraged to go next door if they are seeking more than this.

b) The prevention of crime and disorder

Install and maintain a CCTV system covering the entrance, tills, and alcohol display areas (recordings kept for at least 28 days).

Operate a refusals log for any denied sales (e.g. intoxicated customers).

Adopt a Challenge 25 policy with clear signage.

Ensure staff are trained to recognise signs of drunkenness and refuse service appropriately.

Limit high-strength alcohol and avoid stocking products associated with street drinking.

c) Public safety

Maintain clear fire exits and signage, with regular safety checks.

Ensure appropriate lighting inside and outside the premises.

Keep a first aid kit on site and train staff in basic first aid.

Manage capacity by limiting seating (the emphasis is that this will be very much a shop still and that the alcohol sales compliment this but this is not a bar environment)

d) The prevention of public nuisance

Restrict hours for alcohol sales to reasonable times (e.g. aligned with shop hours, avoiding late-night disturbance).

Display signage asking customers to leave quietly and respect neighbours.

Manage waste properly (e.g. no late-night bottle disposal).

Control background music so it remains low-level and unobtrusive.

e) The protection of children from harm

Enforce Challenge 25 with staff training and acceptable ID checks (passport, driving licence, PASS cards).

Keep alcohol displays supervised and away from children-focused areas where possible.

Do not allow unaccompanied minors to remain on the premises during alcohol consumption hours.

Maintain an incident/refusals register for underage sale attempts.

Train staff on safeguarding awareness and legal responsibilities.

Custom Process Configuration

XML Specific

Application type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

Originators Reference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue

Paid

Payment Date

Fund

Reference

Form Calculations

Title Casing

Sentence Casing

UPRN for address lookup

Boolean to hide this page

Field for email (Bath or Brom)

Field for fee array

WRS custodian initials

Enable Personal Licence La list

Enable Priv Pol

Section M Mand

DPSCon Form

DPS PLN

DPS DOB

Agent Email

Agent D Tel

Capacity

Personal Licence issuer code

Other Custom Calculations

Calculation for licensable activities

Subject Line for Email Out

Body for Internal Email

Body for External Email

Start Date in XML format

End Date in XML Format

Hours the TEN covers

DOB

Customer Email Acknowledgment

Premise Activities Complete

Premise Activities Part 1

Premise Activities Part 2

Premise Address

TP Address

TP DOB

App Day Tel

App Email

App Address

App DOB

App 2 D Tel

App 2 Email

App 2 Add

App 2 DOB

Corr D Tel

Corr Add

Corr Email

Open Hours

App 3 D Tel

App 3 Email

Ext Pty Email

I am providing / attaching a the plan of the premises [\(See section 2.9 \(opens in a new tab\) of this guidance\)](#) **X**

Please upload your plan of the premises **Garnet Stores 34-35 Floor Plan.pdf**

The nominated Designated Premises Supervisor has completed the consent form contained within this application **X**

If suitable, you can upload the completed designated supervisor consent form

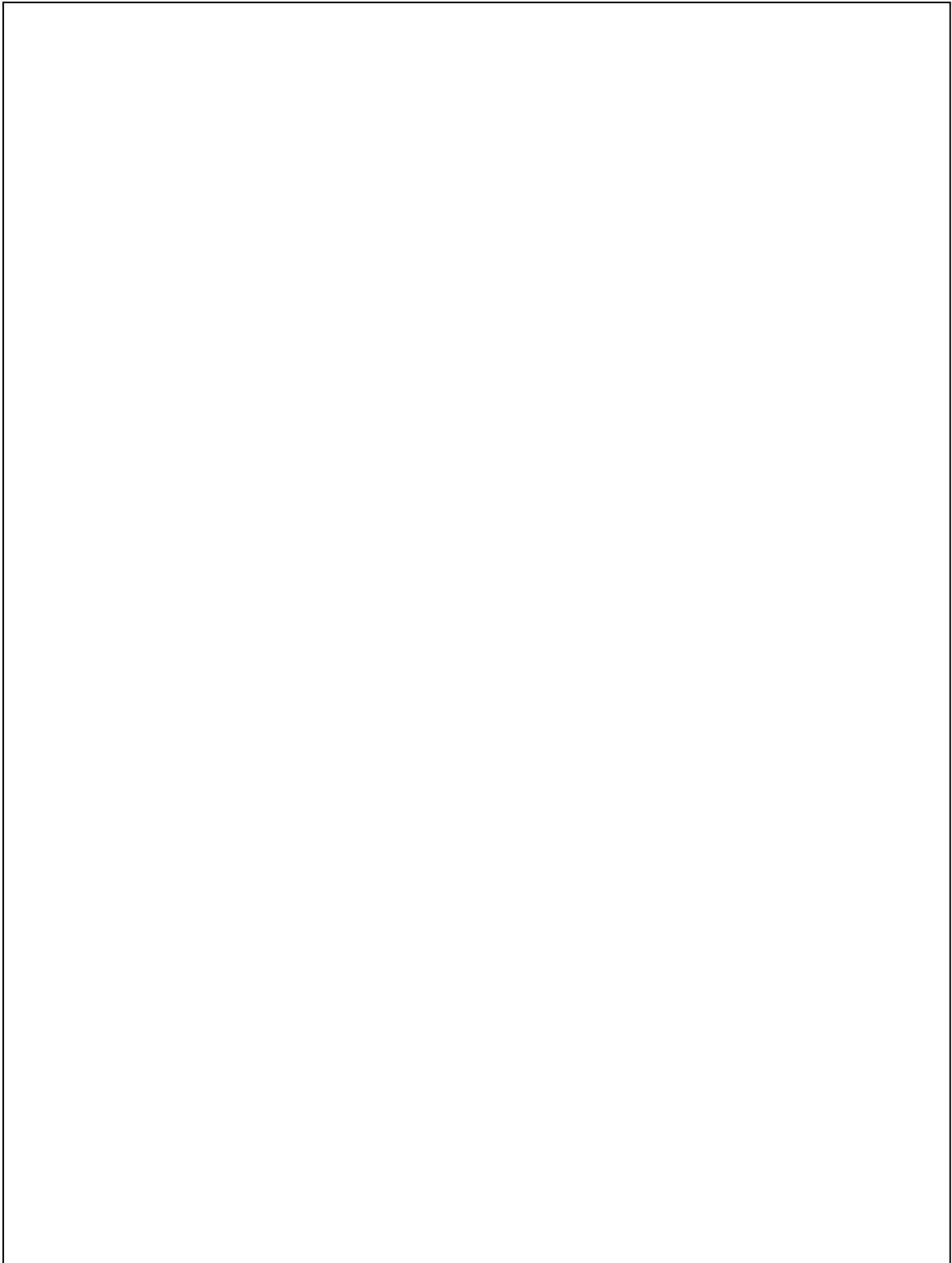
I am applying as an individual rather than a business / limited company and have provided proof of my entitlement to work in the UK (for information on what you can provide as evidence, [please reference our evidence guidance notes \(opens in a new tab\)](#))

Please upload proof of your entitlement to work in the UK (if you have not provided a share code)

I understand that if I do not comply with the above requirements my application will be rejected **X**

I understand that once my application has been formally accepted, I must advertise my application. Please note you should not arrange the advertising of your application until you have specifically received confirmation from the Licensing Authority that your application has been formally accepted and is being processed **X**

Use this page if there is any other information that you think we should know about.

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.

Declaration ([please read guidance note 10 \(opens in a new tab\)](#))

[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.

The Designated Premises Supervisor named in this application form is entitled to work in the UK (and is not subject to conditions preventing them from doing work relating to a licensable activity) and I have seen a copy of their proof of entitlement to work, if appropriate.

A person commits an offence if they knowingly or recklessly makes a false statement in or in connection with an application for a premises licence.

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.

Confirmation of applicant or applicant's solicitor or other duly authorised agent ([please see guidance note 11 \(opens in a new tab\)](#)). If confirming on behalf of the applicant please state in what capacity.

Confirmation

Name

Date

Capacity (owner, director etc.)

For joint applications, confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent ([please see guidance note 12 \(opens in a new tab\)](#)). If confirming on behalf of the applicant please state in what capacity.

Confirmation

Name

Date

Capacity (owner, director etc.)

Contact name (where not previously given) and postal address for correspondence associated with this application ([please see guidance note 11 \(opens in a new tab\)](#))

Name

Address

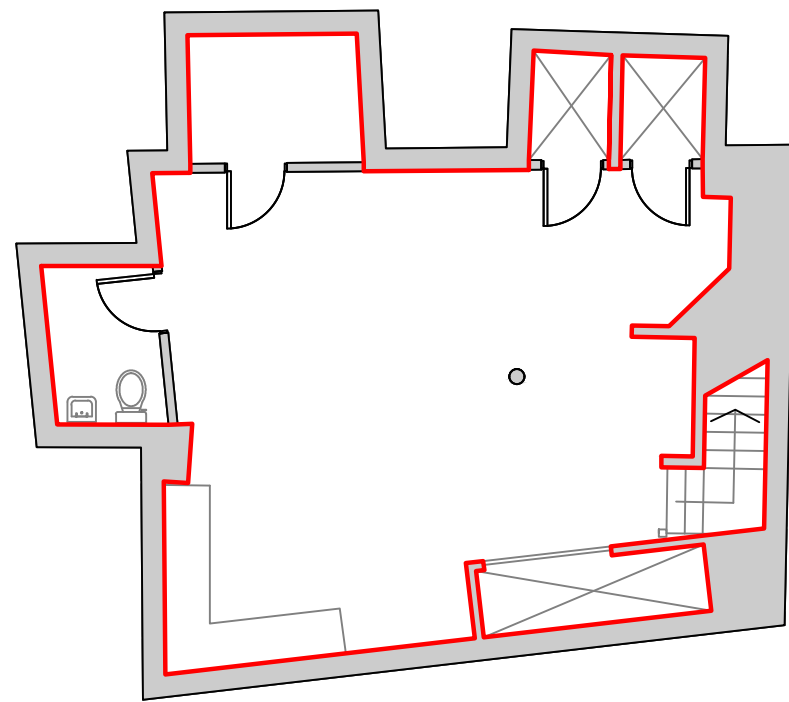
Postcode

Telephone number (if any)

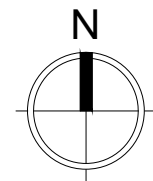
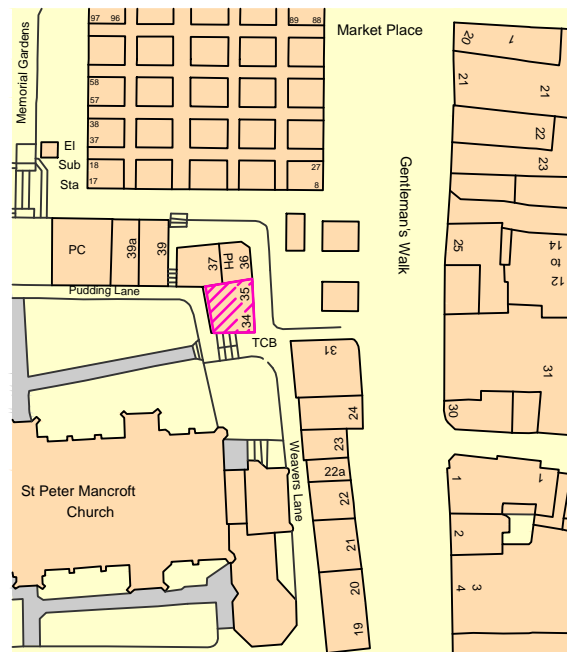
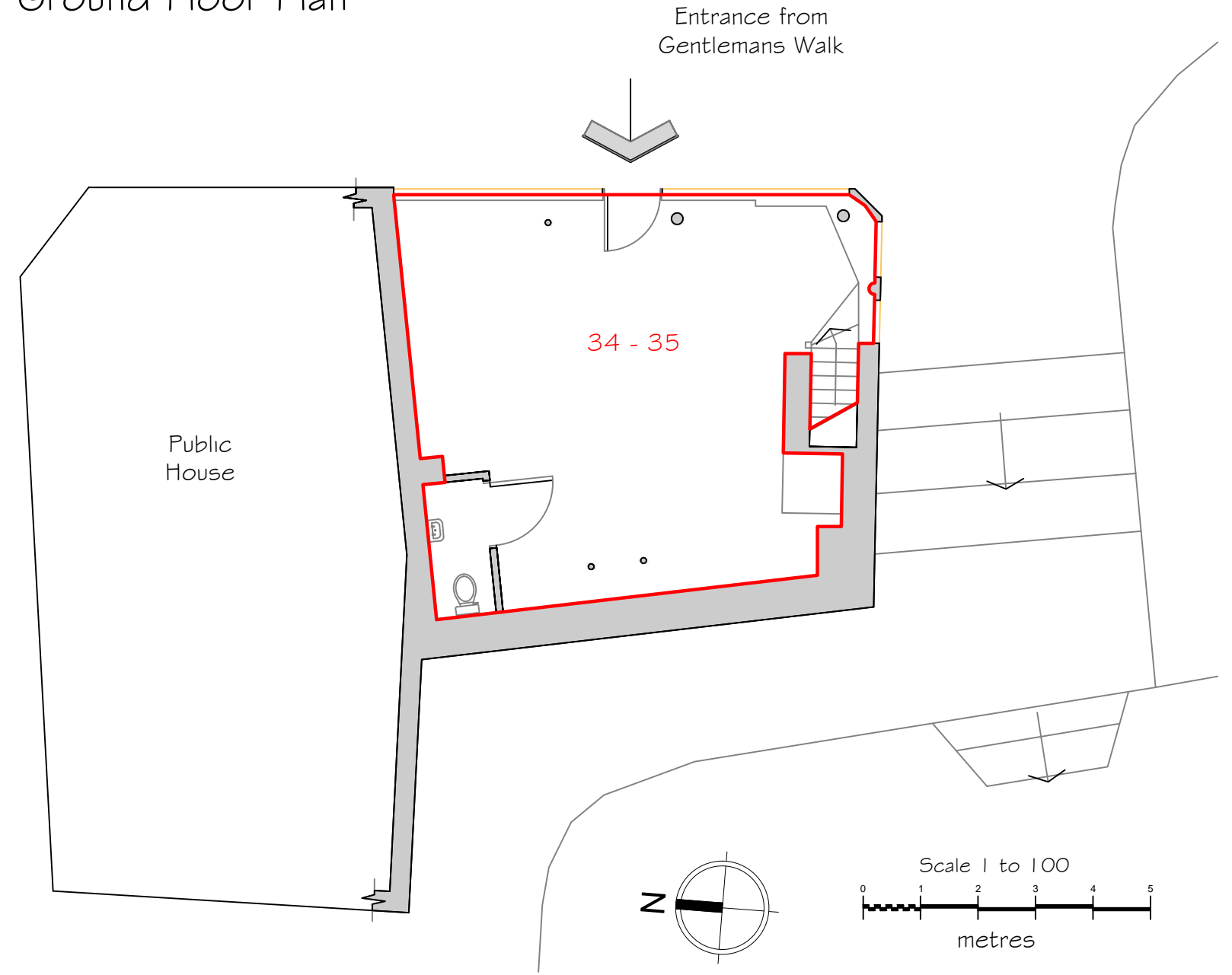
Email address

Confirm email address

Basement Plan



Ground Floor Plan



Location Plan Scale 1:1250
0 Metres 50

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Demise of lease is shown in red and must be checked by all parties to lease. Common areas [if shown] are edged in blue. Site location is shaded in magenta and shown at ground floor level.

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Property Briefing Property Briefing Ltd PLANS EPC SURVEYS Tel - 02070 997729 work@property-briefing.com	
Lease Plan Ground floor and basement retail unit.	
Location 34-35 Gentlemans Walk, Norwich NR2 1NA	Client
Scale 1:100 [at A3]	Dwg No FD808
	Date 16Mar16