26/00820/PNOM

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 Breadsource 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			
16 Exchange Street			
Post town	Norwich	**Post code**	NR2 1AT

Telephone number at premises (if any)	-
Non-domestic rateable value of premises	£[redacted]

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

		Please tick yes	
a)	an individual or individuals *	☐	please complete section (A)
b)	a person other than an individual *		
	i. as a limited company	☑	please complete section (B)
	ii. as a partnership	☐	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)

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	☐	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:

Please tick yes

- 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 ☐ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname		**First names**	
I am 18 years old or over		☐ Please tick yes	
Current postal address if different from premises address			
Post Town		**Postcode**	
Daytime contact telephone number			
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname		**First names**	
I am 18 years old or over		☐ Please tick yes	

Current postal 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	Hannah Winter → individual applicant.
Address	[redacted]
Registered number (where applicable)	[redacted]
Description of applicant (for example, partnership, company, unincorporated association etc.)	Director/Owner Breadsource Ltd.
Telephone number (if any)	[redacted]
E-mail address (optional)	[redacted]

Part 3 Operating Schedule

When do you want the premises licence to start? Day Month Year 16 03 2016

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

Please give a general description of the premises (please read guidance note1)

Premises is multi-purpose & is used mainly as our Head office & induction & training site. We also use downstairs space for events, pop-up shops, classes etc. There is 2 entry points so we can close off sections if required.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment	**Please tick yes**
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 entertainment facilities:	
i) making music (if ticking yes, fill in box I)	☐
j) dancing (if ticking yes, fill in box J)	☐
k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	☐
Provision of late night refreshment (if ticking yes, fill in box L)	☑
Supply of alcohol (if ticking yes, fill in box M)	☑

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			**Will the performance of a play take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for performing plays** (please read guidance note 4)		
Thur					
Fri			**Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list** (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			**Will the exhibition of films take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the exhibition of films** (please read guidance note 4)		
Thur					
Fri			**Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list** (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			**Please give further details** (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			**State any seasonal variations for indoor sporting events** (please read guidance note 4)
Wed			
Thur			**Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list** (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			**Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for boxing or wrestling entertainment** (please read guidance note 4)		
Thur					
Fri			**Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list** (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			**Will the performance of live music take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the performance of live music** (please read guidance note 4)		
Thur					
Fri			**Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list** (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			**Will the playing of recorded music take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☑
				Outdoors	☐
				Both	☐
Day	Start	Finish			
Mon	17:00	22:00	**Please give further details here** (please read guidance note 3) Music used as a background to events.		
Tue	17:00	22:00			
Wed	17:00	22:00	**State any seasonal variations for the playing of recorded music** (please read guidance note 4)		
Thur	17:00	22:00			
Fri	17:00	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 5)		
Sat	17:00	23:00			
Sun	17:00	23:00			

H

<table>
<tr><td colspan="3">Anything of a similar description to that falling within (e), (f) or (g)
Standard days and timings (please read guidance note 6)</td><td colspan="3"><u>Please give a description of the type of entertainment you will be providing</u></td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td colspan="2" rowspan="3"><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</td><td>Indoors ☐
Outdoors ☐
Both ☐</td></tr>
<tr><td>Mon</td><td></td><td></td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 3)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3"><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</td></tr>
</table>

I

<table>
<tr><td colspan="3">Provision of facilities for making music
Standard days and timings (please read guidance note 6)</td><td colspan="3"><u>Please give a description of the facilities for making music you will be providing</u></td></tr>
<tr><td colspan="3" rowspan="2"></td><td rowspan="2"><u>Will the facilities for making music be indoors or outdoors or both – please tick</u>
(please read guidance note 2)</td><td>Indoors</td><td>☐</td></tr>
<tr><td>Outdoors</td><td>☐</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td></td><td>Both</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 3)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="3"><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
</table>

J

<table>
<tr><td colspan="3">Provision of facilities for dancing
Standard days and timings (please read guidance note 6)</td><td colspan="2"><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)</td><td>Indoors ☐
Outdoors ☐
Both ☐</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td colspan="3"><u>Please give a description of the facilities for dancing you will be providing</u></td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 3)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="3"><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
</table>

K

<table>
<tr><td colspan="3">Provision of facilities for entertainment of a similar description to that falling within i or j
Standard days and timings (please read guidance note 6)</td><td colspan="3"><u>Please give a description of the type of entertainment facility you will be providing</u></td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td colspan="3" rowspan="4"><u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)
Indoors ☐
Outdoors ☐
Both ☐</td></tr>
<tr><td>Mon</td><td></td><td></td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td></tr>
<tr><td colspan="3" rowspan="2"></td><td colspan="3"><u>Please give further details here</u> (please read guidance note 3)</td></tr>
<tr><td>Thur</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)</td></tr>
<tr><td>Fri</td><td></td><td></td></tr>
<tr><td colspan="3" rowspan="2"></td><td colspan="3" rowspan="2"><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3"></td></tr>
</table>

L

Late night refreshment Standard days and timings (please read guidance note 6)			**Will the provision of late night refreshment take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☑
				Outdoors	☐
				Both	☐
Day	Start	Finish			
Mon	17:00	1:00	**Please give further details here** (please read guidance note 3) 1am is suggested but will not be utilized often.		
Tue	17:00	1:00			
Wed	17:00	1:00	**State any seasonal variations for the provision of late night refreshment** (please read guidance note 4)		
Thur	17:00	1:00			
Fri	17:00	1:00	**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 5)		
Sat	17:00	1:00			
Sun	17:00	1:00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)		
Day	Start	Finish	Off premises purchase if drop-in shop is open (9-5pm)	On the premises	☑
				Off the premises	☑
				Both	☐
Mon	17:00	22:00	State any seasonal variations for the supply of alcohol (please read guidance note 4) Special events may require a late night refreshment. (Will apply as & when).		
Tue	17:00	22:00			
Wed	17:00	22:00			
Thur	17:00	22:00	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 5)		
Fri	17:00	23:00			
Sat	17:00	23:00			
Sun	17:00	23:00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	Hannah Winter
Address	[redacted]
Postcode	[redacted]
Personal Licence number (if known)	[redacted]
Issuing licensing authority (if known)	[redacted]

N

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)

—

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	9.00	22.00
Tue	9.00	22.00
Wed	9.00	22.00
Thur	9.00	22.00
Fri	9.00	23.00
Sat	9.00	23.00
Sun	9.00	23.00

State any seasonal variations (please read guidance note 4)

This would only be in place with pop-up shops.
Alcohol could be purchased by bottle/can for consumption off premises

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 5)

Other events as listed previously.
Will apply for late night refreshment as and when required.

P 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)

Training on underage customers, sale of alcohol, measures & drunkenness will be mandatory. Staff will receive regular training, refresher courses & suitable for the position.

b) The prevention of crime and disorder

Full CCTV footage will be available for all ever
The majority of events will be paid for in advar
hence little cash required on site. A sign will
obviously be displayed to advise of CCTV covera
Areas not in use are locked & not accessible to p

c) Public safety

As you will see from the floor plans, much time has go into fire safety. These includ brand new, fully serviced extinguishers, break glass boxes, smoke detectors, illuminated fire exit signs etc. Full staff training to beg

d) The prevention of public nuisance

Customers will be reminded to exit & leave the building quietly.
A sign will be placed near the exit as a reminder to respect our neighbours

e) The protection of children from harm

Anyone who appears to be under 25 will be asked for photographic ID to be served. eg. driving licence/passport.
Regular training & a log of refused sales.

Please tick yes

- 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 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 ☑

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	[redacted]
Date	10/3/26
Capacity	Director / Owner of Company

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

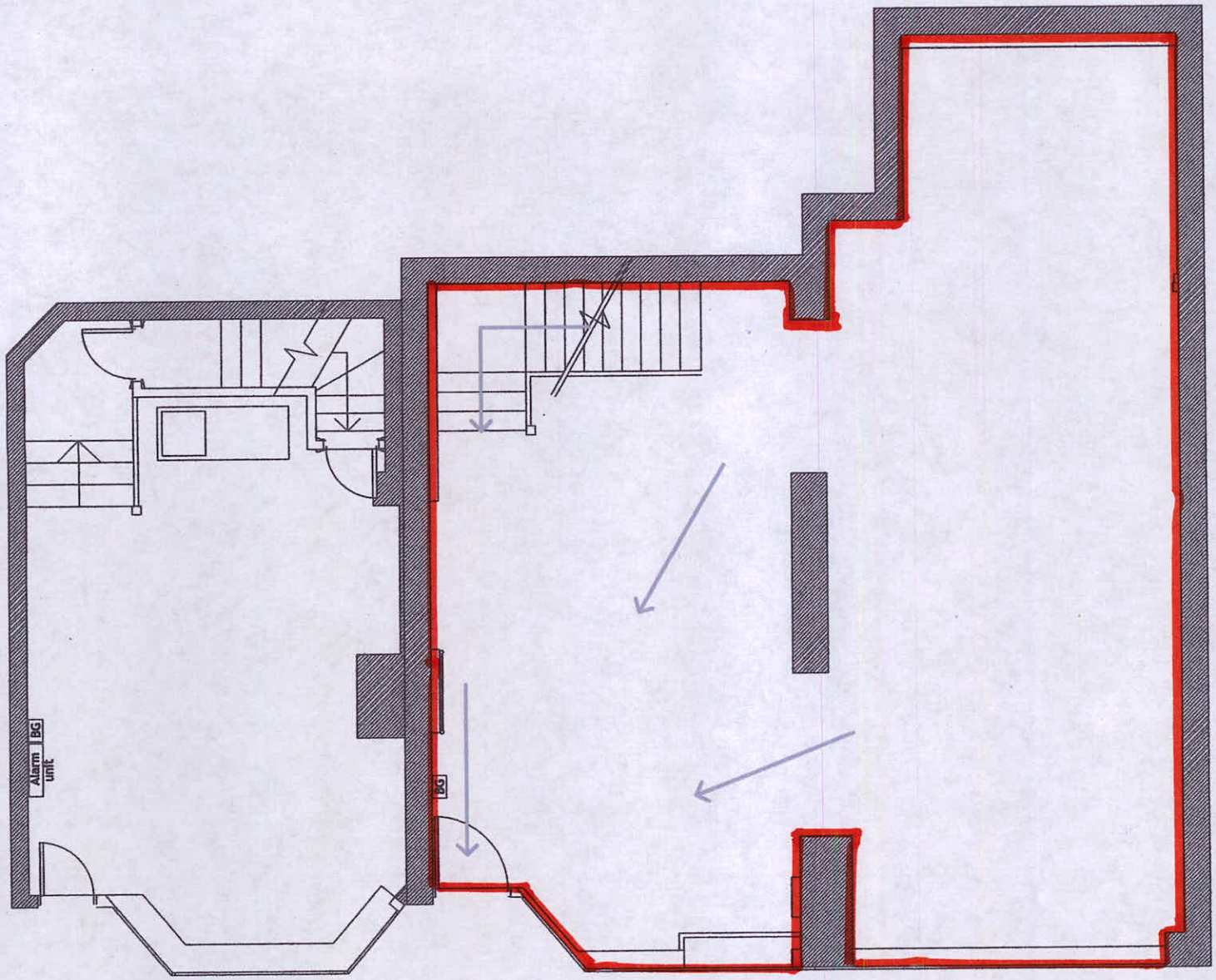
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

'AA'.

Post town		**Post code**	
Telephone number (if any)			

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Key:
BG - Break glass



Ground Floor plan

Revisions:

The Tabele

Site Address:

Drawing Title:

The Tabele Exit plan

Scale:	Site:	Drawing No.	Revision
1:10	-	101	
Date:	Drawn by:		
-	Monique Bosboff		

Key:

BG - Brick glass

Ground Floor plan

The Table

TT

Site Address:

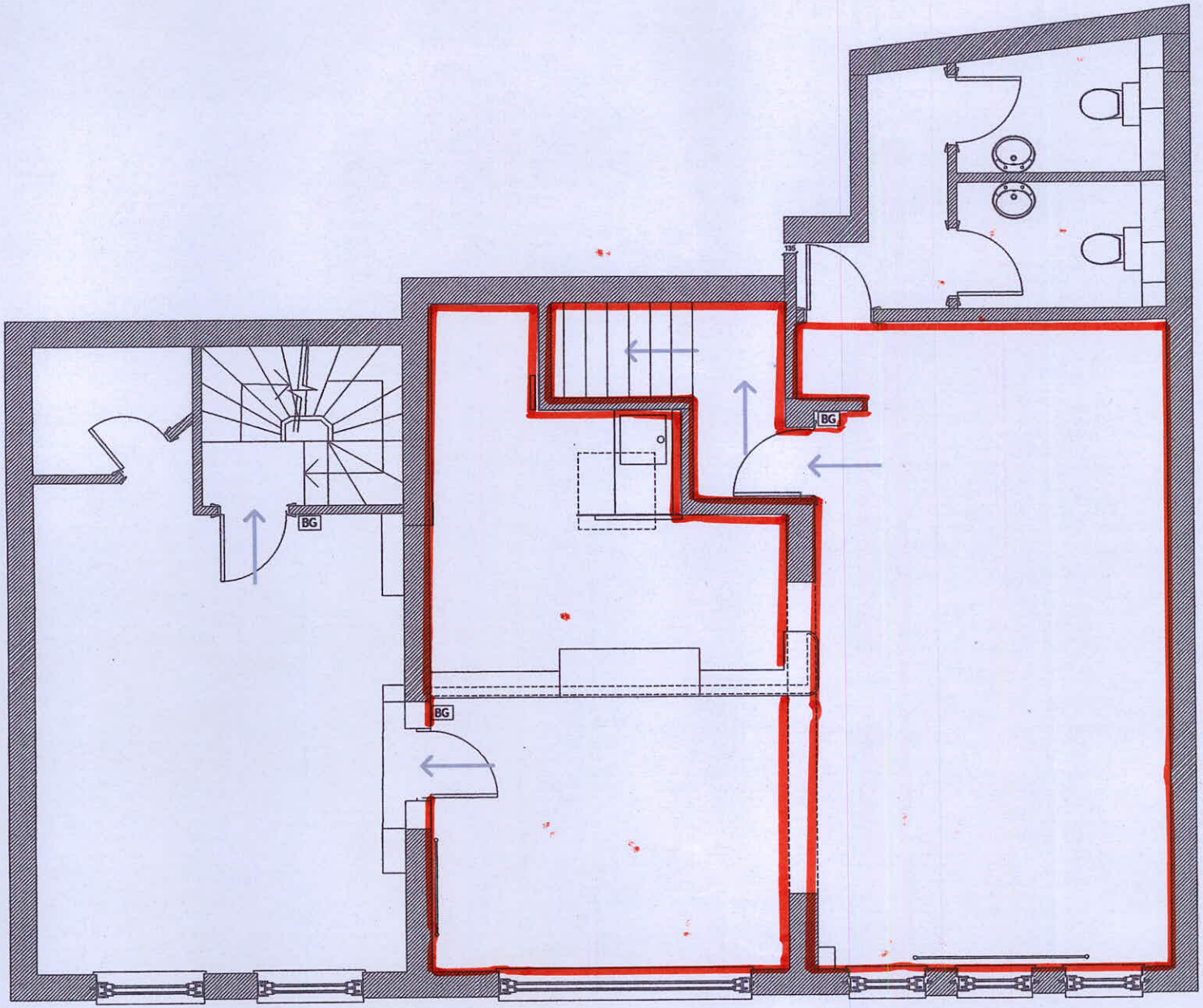
Drawing Title:

The Table Ext plan

Scale: 1:10	Size: -	Drawing No: 101	Revision:
Date: -	Drawn by: Matthew Peatherly		

Key:

BG - Break glass



First Floor plan

The Tabele

Site Address:

Drawing Title:

The Tabele Exit plan

Scale:	Site:	Drawing No.	Revision No.
1:10	-	101	
Date:	Drawn by:		
-	Monique Bosboff		