



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 LUCY ROBINSON, CATHERINE BOLTON (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
42 HOBSON STREET
STICKYBEAKS CAFE
Post town CAMBRIDGE Post code CB1 1NL

Telephone number at premises (if any)
Non-domestic rateable value of premises £ 26 000

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 [x] 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)

1 CUSTOMER SERVICE CENTRE 12 OCT 2010 RECEIVED CAMBRIDGE CITY COUNCIL

- 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> 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	STICKY BEAKS CAFE LIMITED		
Address	PREVIOUS :	NEW :	
	58 BAYFIELD DRIVE BURWELL CAMBRIDGE CB25 0JE	42 HOBSON STREET CAMBRIDGE CB1 1NL	
Registered number (where applicable)	07298073		
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY		
Telephone number (if any)	07970 094 258 / 07971 528 063		
E-mail address (optional)	LUCY@STICKYBEAKS'CAFE.CO.UK		

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year	
0	1	1	2	2	0
1	0				

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)

WE PLAN TO OPEN A DAYTIME CAFE AT THIS PREMISES. OUR EMPHASIS IS ON GOOD QUALITY FOOD, HOME COOKED. WE WILL HAVE AN OPEN PLAN KITCHEN TO CREATE A SOCIAL ENVIRONMENT, WHICH WOULD ALSO BE SUITABLE FOR COOKERY DEMONSTRATIONS

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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>		
Day				Start	Finish	Outdoors	<input type="checkbox"/>
						Both	<input type="checkbox"/>
Mon				<u>Please give further details here</u> (please read guidance note 3)			
Tue			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)				
Wed			<u>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</u> (please read guidance note 5)				
Thur							
Fri							
Sat							
Sun							

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>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</u> (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 <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>	
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 <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
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)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	07.30	22.00	<u>Please give further details here</u> (please read guidance note 3) UN-AMPLIFIED, EASY LISTENING, QUIET, BACKGROUND MUSIC		
Tue	07.30	22.00			
Wed	07.30	22.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) —		
Thur	07.30	22.00			
Fri	07.30	22.00	<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 5)		
Sat	07.30	22.00			
Sun	08.30	22.00			

N.B. SEE OPERATING SCHEDULE.
THE TIMES ABOVE ARE THE MAXIMUM
WE WOULD OPEN FOR. ON THE MAJORITY
OF DAYS WE WOULD CLOSE AT 19.00.
WE WANT TO BE ABLE TO OPEN LATER
APPROXIMATELY TWICE A MONTH FOR
SPECIAL EVENTS.

BACKGROUND
MUSIC ONLY
SEE EMAIL
COMMUNICATION

G

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors
			Outdoors		<input type="checkbox"/>
			Both		<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)</u>		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>			
Day	Start	Finish				
Mon			<u>Please give further details here (please read guidance note 3)</u>			
Tue						
Wed			<u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u>			
Thur						
Fri			<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 (please read guidance note 5)</u>			
Sat						
Sun						

K

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption (Please tick box)</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) SEE OPERATING SCHEDULE THESE ARE MAXIMUM TIMES , USUALLY WE CLOSE AT 19.00. WE WANT TO BE ABLE TO OPEN APPROXIMATELY TWICE A MONTH TILL 22.00 AND SERVE ALCOHOL		
Mon	10.00	22.00			
Tue	10.00	22.00			
Wed	10.00	22.00			
Thur	10.00	22.00			
Fri	10.00	22.00			
Sat	10.00	22.00			
Sun	10.00	22.00			
			<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 5)		

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

Name	LUCY ROBINSON
Address	[REDACTED]
Postcode	[REDACTED]
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	07:30	22:00	
Tue	07:30	22:00	
Wed	07:30	22:00	
Thur	07:30	22:00	
Fri	07:30	22:00	
Sat	07:30	22:00	
Sun	07:30	22:00	
			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)

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)

WE WILL PROMOTE ALL 4 LICENSING OBJECTIVES THROUGH THE STEPS OUTLINED BELOW. WE WILL CONTINUE TO MONITOR THE EFFECTIVENESS OF THE STEPS AND WE WILL IMPLEMENT APPROPRIATE CHANGES TO IMPROVE WHERE NECESSARY

b) The prevention of crime and disorder

- ENSURE ALL STAFF ARE TRAINED TO UNDERSTAND THE SOCIAL RESPONSIBILITIES ASSOCIATED WITH SALE OF ALCOHOL.
- PREVENT CUSTOMERS LEAVING PREMISES WITH BOTTLES OR GLASS.
- NOT ALLOWING ENTRY TO ANYONE WHO IS DRUNK OR DISORDERLY.
- NOT ENCOURAGING DRINKING 'BINGE' WITH '241' OFFERS OR HAPPY HOUR PROMOTIONS

c) Public safety

- CARRY OUT FULL RISK ASSESSMENTS ON PREMISES OPERATION AND INDIVIDUAL RISK ASSESSMENT FOR KITCHEN & CAFE.
- PROVIDE EMERGENCY ACCESS & EXITS & PRACTICE EMERGENCY PROCEDURE
- TRAIN STAFF IN FIRST AID & SUPPLY ALL FIRST AID EQUIPMENT
- CARRY OUT REGULAR GAS & ELECTRICITY SAFETY CHECKS.
- SUPPLY ADEQUATE LIGHTING IN APPROPRIATE AREAS
- LIMITED OCCUPANCY

d) The prevention of public nuisance

- KEEP VOLUME OF MUSIC TO A SENSIBLE BACKGROUND LEVEL.
- ENSURE CUSTOMERS LEAVE PREMISES QUIETLY AND EFFICIENTLY.
- CLOSE PROMPTLY AT THE AGREED TIME.
- CONTROL OTHER SOURCES OF NOISE FROM MACHINERY
- ZERO TOLERANCE POLICY TOWARDS PERSONS WHO ARE ROWDY ON OR WHILST LEAVING THE PREMISES.

e) The protection of children from harm

- MAKE SURE CHILDREN ARE ACCOMPANIED BY AN ADULT.
- NOT ALLOWING ANYONE UNDER THE AGE OF 18 TO BUY ALCOHOL - I.D. CHECKS AT ALL TIMES.
- TRAIN STAFF TO COMPLY WITH THE LAW IN RELATION TO THE SALE OF ALCOHOL.
- PROVIDE SUITABLE SEATING FOR BABIES & CHILDREN

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	<i>L. Robinson</i>
Date	11.10.2010
Capacity	AS APPLICANT & DIRECTOR OF STICKYBEAKS

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)

6 RUSTAT AVENUE

Post town CAMBRIDGE Post code CB13PF

Telephone number (if any) 07971 528 063

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

Operating Schedule

Premises: 42 Hobson Street, CB1 1NL.

No. of covers: up to 30 people

Opening Times: Monday to Saturday: 7.30- 22.00, Sunday: 8.30- 22.00

These are the maximum hours we could be open for on any week of the year, but normally we plan to close the café at 19.00. However we would like to have the option of opening on occasional evenings for special events. These could include a private dinner party, cookery demonstration or a guest chef talk. These events are expected to take place approximately twice a month.

Licensable activities to be conducted on the premises:

- Recorded Music- During the hours that we are open. Only to be background music and easy listening.
- Supply of alcohol to be consumed on the premises only and normally to be served with food- During the hours that we are open.

Style of the business:

We hope to open up a small café with a restaurant feel to it, mainly open during the day. We will be serving good quality food throughout the day and would like to be able to serve wine with meals.

Our emphasis is on food and we will have an open plan kitchen, so that we can incorporate cookery demonstrations into the business.

Our business is aimed at city workers, shoppers wanting a relaxed lunch and generally people who appreciate good quality, home cooked food.

All customers in the café will be seated, unless they are buying food or non-alcoholic drinks for take- away.

Designated Premises Supervisor:

Lucy Robinson
6 Rustat Avenue
Cambridge
CB1 3PF

How we propose to promote the licensing objectives:

The steps outlined below show how we intend to promote the 4 licensing objectives. After implementing all of these, we will continue to monitor their effectiveness and we will make appropriate changes to improve where necessary.

The prevention of crime and disorder:

- Ensure all staff are trained to understand the social responsibilities associated with the sale of alcohol.
- Prevent customers from leaving the licensed premises with bottles or glass, drinking vessels.
- Not allow entry to anyone who is drunk or disorderly.
- Not encouraging binge drinking with 'happy hour' promotions or 2 for 1 offers.

Public Safety:

- Carry out full risk assessments on premises operation and individual risk assessments for the kitchen and café.
- Provide emergency access and exit points.
- Train staff to deal with an emergency, including first aid and supply first aid equipment.
- Regularly practise the procedure for dealing with an emergency.
- Carry out regular gas and electricity safety checks.
- Supply adequate lighting in all areas of the café.
- Limit the number of customers to the maximum occupancy level.

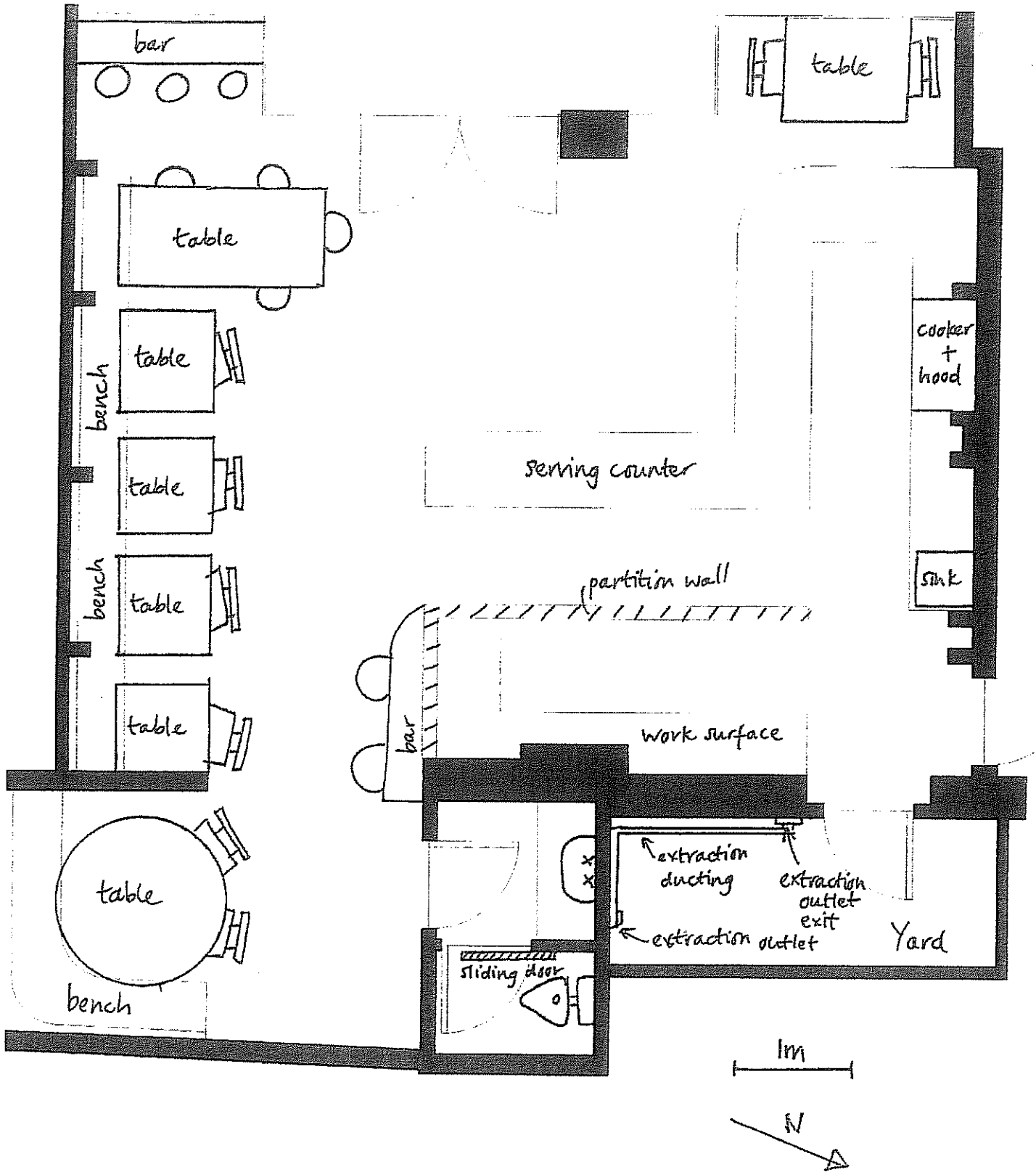
The prevention of public nuisance:

- Keep volume of music to a sensible level. This will be purely as background music.
- Ensure customers leave the premises quietly and efficiently and don't stand around outside the premises in the evenings.
- Close the café promptly at the agreed time.
- Zero tolerance policy towards persons who are rowdy whilst on or leaving the premises.

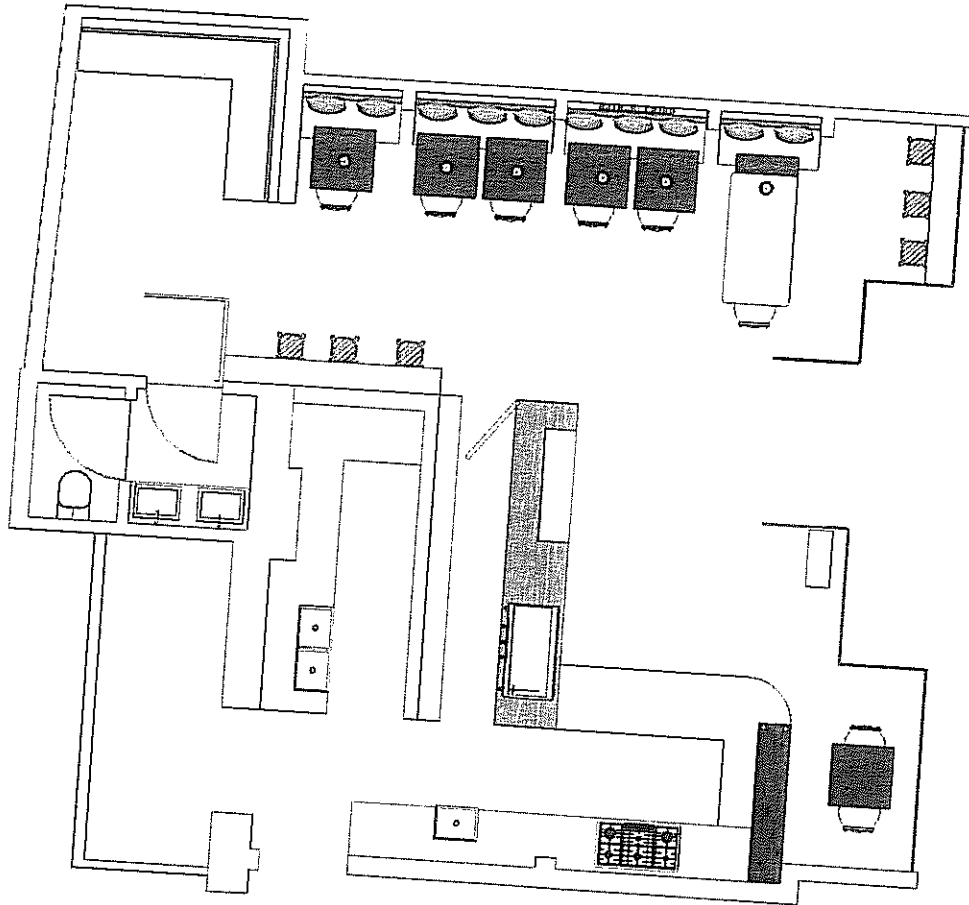
The protection of children from harm:

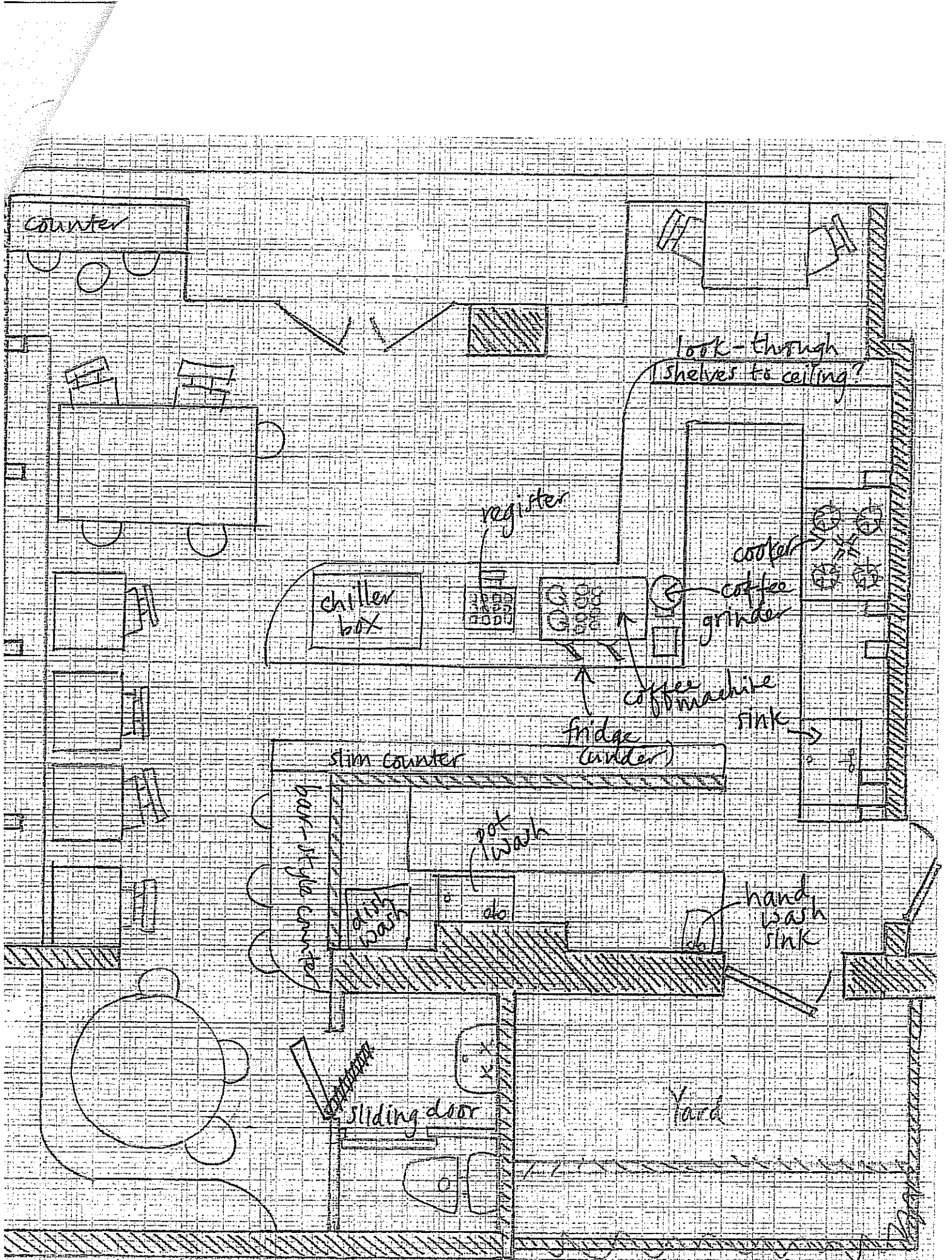
- Make sure children are accompanied by an adult to supervise them at all times in the café.
- Not allow anyone under the age of 18 to buy alcohol and to perform I.D checks when necessary.
- Train staff to ensure compliance with the law regarding the sale of alcohol.
- Provide suitable seating for children and babies.

Hobson Street



SCALE 1:50





counter

look-through shelves to ceiling?

register

chiller box

cooker

coffee grinder

fridge (under)
coffee machine
sink

slim counter

bar-style counter

pot wash

dish wash

cb

hand wash sink

sliding door

Yard