

**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 **ANNA MARINO BRYSON / CHARLIE'S COFFEE COMPANY**  
*(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		
44-45 BURLINGHAM STREET		
Post town	CAMBRIDGE	Postcode CB1 1DJ
Telephone number at premises (if any)	01223 313 604	
Non-domestic rateable value of premises	£ 32,250	

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as Please tick as appropriate

- |   |   |
|---|---|
| a) an individual or individuals *                           | please complete section (A)                                     |
| b) a person other than an individual *                      |   |
| i <u>as a limited company/limited liability partnership</u> | <input checked="" type="checkbox"/> please complete section (B) |
| ii as a partnership (other than limited liability)          | 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)                                     |

Mr

Mrs

Miss

Ms

Other Title (for example, Rev)

Surname		First names	
Date of birth over	I am 18 years old or	Please tick yes	
Nationality			
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	CHARLIE'S COFFEE COMPANY
Address	44-45 BURLEIGH STREET
Registered number (where applicable)	08885468
Description of applicant (for example, partnership, company, unincorporated association etc.)	INDEPENDENT FAMILY CAFE / PIZZERIA / LIMITED COMPANY
Telephone number (if any)	07 825 99 8050
E-mail address (optional)	GREGORY@WORLDSTUDYSOLUTIONS.COM

**Part 3 Operating Schedule**

When do you want the premises licence to start?

ASAP

DD	MM	YYY
		Y

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

DD	MM	YYY
		Y

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Please give a general description of the premises (please read guidance note 1)  
**LOCAL CAFE/PIZZERIA MAKING AND SERVING BEV'S & FOOD**

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

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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)
- 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 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

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)  <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)  <b>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</b> (please read guidance note 6)	
Mon	8:00	23:00		
Tue	8:00	23:00		
Wed	8:00	23:00		
Thur	8:00	23:00		
Fri	8:00	23:00		
Sat	8:00	23:00		
Sun	8:00	23:00		

We would like to host movie evenings & Sunday mornings for our customers. We already hold licence for that.

E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon	9:00	23:00	<b>Please give further details here</b> (please read guidance note 4)			
Tue	9:00	23:00				
Wed	8:00	23:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)			
Thur	9:00	23:00				
Fri	9:00	23:00	<b>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</b> (please read guidance note 6)			
Sat	9:00	23:00				
Sun	9:00	23:00				

To host live music events using local musicians to perform for our customers. We currently ~~but~~ have licence for that.

**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"/>	Outdoor s <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	<p>Please give further details here (please read guidance note 4)</p> <p>State any seasonal variations for the playing of recorded music (please read guidance note 5)</p> <p>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)</p>			
Mon	8:00	23:00				
Tue	8:00	23:00				
Wed	8:00	23:00				
Thur	8:00	23:00				
Fri	8:00	23:00				
Sat	8:00	23:00				
Sun	8:00	23:00				

Quiet background music played from iPad,  
Necessary licenses are in place (PRS, PPL). We currently  
have licence for that

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises <input checked="" type="checkbox"/>	
				Off the premises	
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	11:00	23:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00			
Fri	11:00	23:00			
Sat	11:00	23:00	<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 6)		
Sun	11:00	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	CHARLES SINCLAIR BRYSON
Date of birth	[REDACTED]
Address	[REDACTED] CHERRY HILTON ROAD
Postcode	CB1 7BX
Personal licence number (if known)	CAM 001272
Issuing licensing authority (if known)	CAMBRIDGE CITY COUNCIL

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)	<u>State any seasonal variations</u> (please read guidance note 5)
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a) General

- no sales to underages customers
- staff trained on ID checks
- no violent or aggressive behaviour accepted
- CCTV

b) The prevention of crime and disorder

- 8 CCTV cameras installed inside and outside the premises to prevent any crime activity
- Notice of CCTV displayed
- No alcohol sold to drunk customers

c) Public safety

- staff trained in environmental health requirement
- Staff to keep the premises clean and well maintained including furniture, walkways, lighting, food and drink preparation equipment

d) The prevention of public nuisance

- staff instructed to avoid any disturbance during morning and evening hours
- We know neighbours above and we own property next door which means that any requests or complaints will be sorted by management immediately

e) The protection of children from harm

- we follow "Challenge 25" initiative
- CCTV footage available on request from local law enforcement
- Anti-social behaviour not tolerated on the premises



Day	Start	Finish	
Mon	7:00	23:00	
Tue	7:00	23:00	
Wed	7:00	23:00	
Thur	7:00	23:00	
Fri	7:00	23:00	<u>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)</u>
Sat	7:00	23:00	
Sun	7:00	23:00	

**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)**

**b) The prevention of crime and disorder**

**c) Public safety**

**d) The prevention of public nuisance**

**e) The protection of children from harm**

**Checklist:**

Please tick to indicate agreement

- I have made or enclosed payment of the fee. *- To be done online*
- 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. *- Already in place under our current licence*
- 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 (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.

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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)</li></ul>
Signature	[Redacted]
Date	5 <sup>th</sup> March 2018
Capacity	DIRECTOR

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

Post town	Postcode
Telephone number (if any)	