

Appendix 1.

Uno Mas Premise Application

WK / 2017 24277

Corporate

01 SEP 2017

024590

REF 12923

Licensing Team
Shepway District Council
Civic Centre
Castle Hill Avenue
Folkestone
Kent CT20 2QY
Telephone: 01303 858660
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Folkestone

Hythe & Romney Marsh
Shepway District Council



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.

We HANNAH LYONS
(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			
29 THE OLD HIGH STREET			
Post town	FOLKESTONE	Postcode	CT20 1RL
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	NONE		

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- 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)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England 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 (by ticking yes to one box below):

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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname LYONS		First names HANNAH		
Date of birth 06/01/81		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality UK				
Current residential address if different from premises address		MANAGERS FLAT THE PULLMAN 7-9 CHURCH ST.		
Post town	FOLKESTONE	Postcode	CT20 1SE	
Daytime contact telephone number		07896512911		
E-mail address (optional)	hannahlyons81@gmail.com			

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Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	2017

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

SMALL 2X4M KIOSK AT THE TOP OF THE
OLD HIGH ST. EXTERNAL SEATING ONLY - ON
HIGHWAY. 3 TABLES, 6 CHAIRS & TWO
STOOLS UP AT BAR

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 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)

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A

Please provide details of the proposed play (please read guidance note 2)			Will the performance of a play take place before, during or after the school term - please tick (please read guidance note 3)	
Day	Start	Finish	Before	<input type="checkbox"/>
Mon			During	<input type="checkbox"/>
Tue			After	<input type="checkbox"/>
Wed			Both	<input type="checkbox"/>
Thu			Please give further details here (please read guidance note 4)	
Fri			Please give any seasonal variations for performing here (please read guidance note 5)	
Sat			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 6)	
Sun				

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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

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B

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

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C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			<p>State any seasonal variations for indoor sporting events (please read guidance note 5)</p> <p>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 6)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)			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 4)				
Tue							
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)				
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 6)				
Sat							
Sun							

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E

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

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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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	12:00	9:00pm	Please give further details here (please read guidance note 4) SMALL GUESTBOOK AND RADIO PLAYING SPOTIFY FOR BACKGROUND MUSIC	Both	<input type="checkbox"/>
Tue	12:00	9:00pm			
Wed	12:00	9:00pm	State any seasonal variations for the playing of recorded music (please read guidance note 5) Mon & Tues as per opening hours		
Thur	12:00	9:00pm			
Fri	12:00	9:00pm	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)		
Sat	12:00	9:00pm			
Sun	12:00	9:00pm			

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9

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) 10:00 - 11:00 11:00 - 12:00	
Tue				
Wed			State any seasonal variations for the performance of dance (please read guidance note 5) 10:00 - 11:00	
Thur				
Fri			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 tick (please read guidance note 8) 10:00 - 11:00	
Sat				
Sun				

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H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

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

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J

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 <input checked="" type="checkbox"/>		
Day	Start	Finish	Both <input checked="" type="checkbox"/>			
Mon	12:00	9:00pm 8:30pm	State any seasonal variations for the supply of alcohol (please read guidance note 5) As per opening hours 11/1			
Tue	12:00	9:00pm 8:30pm				
Wed	12:00	9:00pm 8:30pm				
Thur	12:00	9:00pm 8:30pm			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 6)	
Fri	12:00	9:00pm 8:30pm				
Sat	12:00	9:00pm 8:30pm				
Sun	12:00	9:00pm 8:30pm				

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	HANNAH LYONS
Date of birth	06/01/1981
Address	THE PULLMAN, 7-9 CHURCH ST. FOURSTONE KENT
Postcode	CT20 1SE
Personal licence number (if known)	501 1494 13

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Issuing licensing authority (if known)

□□□□

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 5).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	<p>BANK HOLIDAYS MONDAYS WE WILL OPEN 12:00-9:00pm</p> <p>SCHOOL HOLIDAYS WE WILL OPEN MONDAY + TUESDAY 12:00-9:00pm</p> <p>NATIONAL HOLIDAYS THAT FALL ON A MON OR TUE WE WILL OPEN (NOT CHRISTMAS DAY)</p> <p>MEXICAN NATIONAL HOLIDAYS WILL OPEN.</p> <p>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> <p>- IF WE SELL OUT OF FOOD EARLIER THAN 9PM WE CLOSE THE LEAD SKI.</p>
Mon	12:00	21:00	
Tue	12:00	21:00	
Wed	12:00	9:00pm	
Thur	12:00	9:00pm	
Fri	12:00	9:00pm	

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Sat	12:00	9:00pm	
Sun	12:00	9:00pm	

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)

STRONG MANAGEMENT CONTROLS
EFFECTIVE TRAINING of all staff so All are
AWARE of PREMISES LICENCE, CHALLENGE 25 INFORMATION
TO PREVENT SUPPLY of ALCOHOL TO UNDER AGE DRINKERS

b) The prevention of crime and disorder

A CLEAR NOTICE OUTSIDE PREMISES INDICATING NORMAL HOURS UNDER THE TERMS of THE PREMISES LICENCE DURING WHICH LICENSABLE ACTIVITIES ARE PERMITTED
NOT SELLING ALCOHOL TO DRUNK OR INTOXICATED INDIVIDUALS
PREVENTION & VIGILANCE IN ILLEGAL DRUG USE AT THE SITE

c) Public safety

IMPLEMENTING UNDER-AGE ID CHECKS & USING A log BOOK TO TRACK THIS
ALL PARTS of THE PREMISES & ALL FITTINGS ETC WILL BE MAINTAINED AT ALL TIMES IN GOOD ORDER & IN A SAFE CONDITION

d) The prevention of public nuisance

NOISE REDUCTION MEASURES TO ADDRESS THE PUBLIC NUISANCE OBJECTIVE
CUSTOMERS WILL BE ASKED TO KEEP NOISE DOWN & RESPECT RESIDENTS
AMOUNT of RUBBISH & BINS WILL BE KEPT TO A MINIMUM
ADEQUATE WASTE RECEPTACLES ARE PROVIDED IN VICINITY

e) The protection of children from harm

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CHALLENGE 25 SIGN TO BE DISPLAYED
 WELL TRAINED STAFF ABOUT REQUIREMENT FOR ID
 LOG BOOK WILL BE KEPT ON PREMISES AT ALL TIMES

Checklist:

Please tick to indicate agreement

- 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 designated 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.
- [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 45 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT 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 2004 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 collector or other duly authorized agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	[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
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	<p>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).</p> <ul style="list-style-type: none"> 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)
Signature	<i>HG...</i>
Date	23/06/2017
Capacity	DIRECTOR OF LMST LTD.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

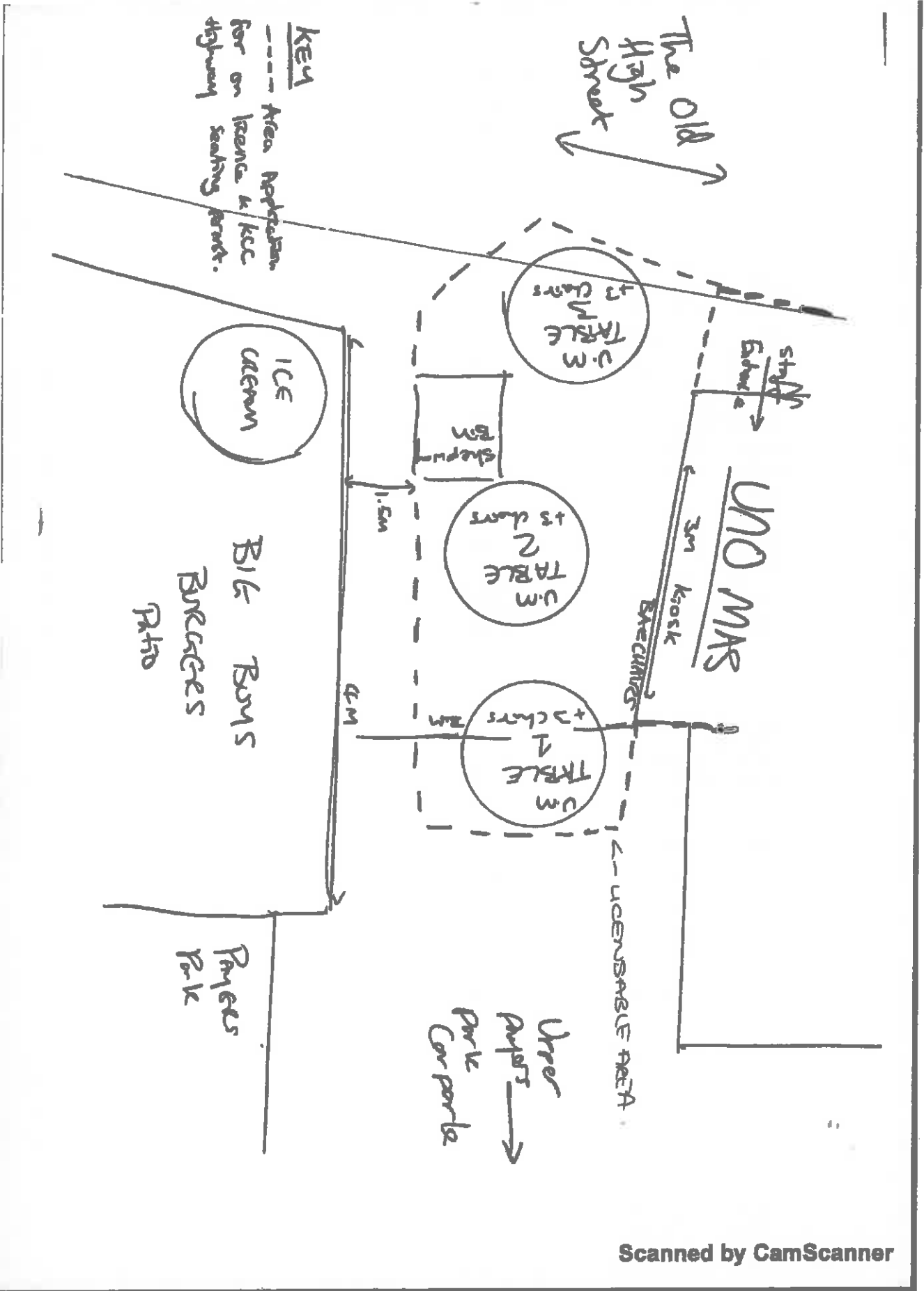
Signature	
Date	
Capacity	

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

Notes for Guidance

- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to

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