



Licensing Team  
North Norfolk District Council  
Council Offices  
Holt Road  
Cromer  
Norfolk  
NR27 9EN

Reference number

(office use only)

## Schedule 2

### 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 booklet.

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 .....kookaburra Enterprises Ltd  
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

The Boar Inn  
31 station Road  
Great Ryburgh  
Norfolk

Post town Fakenham

Post code NR210DX

Telephone number of Premises

Non-domestic rateable value of premises

£ 5750

(This can be obtained from the Valuation Office  
website [www.voa.gov.uk](http://www.voa.gov.uk))

## Part 2 – Applicant Details

In state whether you are applying for a premises licence as

Please tick ✓

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a) An individual or individuals*                                                                                                                                                                                | <input type="checkbox"/> Please complete Section A                                                                                                                                                                              |
| b) A person other than an individual* <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other</li> </ul> | <input checked="" type="checkbox"/> Please complete Section B<br><input type="checkbox"/> Please complete Section B<br><input type="checkbox"/> Please complete Section B<br><input type="checkbox"/> Please complete Section B |
| c) A recognised club                                                                                                                                                                                            | <input type="checkbox"/> Please complete Section B                                                                                                                                                                              |
| d) A charity                                                                                                                                                                                                    | <input type="checkbox"/> Please complete Section B                                                                                                                                                                              |
| e) The proprietor of an educational establishment                                                                                                                                                               | <input type="checkbox"/> Please complete Section B                                                                                                                                                                              |
| f) A Health Service Body                                                                                                                                                                                        | <input type="checkbox"/> Please complete Section B                                                                                                                                                                              |
| g) An individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales                                                                             | <input type="checkbox"/> 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                                         | <input type="checkbox"/> Please complete Section B                                                                                                                                                                              |
| h) The Chief Officer of Police of a police force in England and Wales                                                                                                                                           | <input type="checkbox"/> 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

☐

**SECTION A – INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over

Yes

☐

Current residential 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   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over

Yes

☐

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

## Section B – 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                                                                                         | Kookaburra Enterprises Ltd.                                                                      |
| Address                                                                                      | SCS Accountants.<br>Unit 5<br>Broadway Bays<br>The Broadway.<br>Scamsey, Devonport.<br>NR19 2LQ. |
| Registered number (where applicable)                                                         | 00581049.                                                                                        |
| Description of applicant (for example, partnership, company, unincorporated association etc) | Limited company                                                                                  |
| 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 |
|-----|-------|------|
| 0   | 9     | 06   |
| 2   | 02    | 5    |

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

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

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

7 bedroom Bed + Breakfast & offering residents and residents guest for drink opportunity

If 5,000 or more people 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 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

#### **Provision of regulated entertainment** (please read guidance note 2)

Please tick any 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**)..... ☐

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

#### **Supply of alcohol** (if ticking yes, fill in **Box J**)..... ☒

**IN ALL CASES PLEASE COMPLETE BOXES K, L AND M**

|                                                                                            |       |        |                                                                                                                                                                                          |  |          |  |
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| <b>Box A</b><br><b>Plays</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the performance of a play take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                   |  | Indoors  |  |
|                                                                                            |       |        |                                                                                                                                                                                          |  | Outdoors |  |
|                                                                                            |       |        |                                                                                                                                                                                          |  | Both     |  |
| Day                                                                                        | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                  |  |          |  |
| Mon                                                                                        |       |        |                                                                                                                                                                                          |  |          |  |
|                                                                                            |       |        |                                                                                                                                                                                          |  |          |  |
| Tue                                                                                        |       |        | State any seasonal variations for performing plays (read guidance note 5)                                                                                                                |  |          |  |
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| Wed                                                                                        |       |        | 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 (read guidance note 6) |  |          |  |
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| <b>Box B</b><br><b>Films</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the exhibition of films take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                     |  | Indoors  |  |
|                                                                                            |       |        |                                                                                                                                                                                          |  | Outdoors |  |
|                                                                                            |       |        |                                                                                                                                                                                          |  | Both     |  |
| Day                                                                                        | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                  |  |          |  |
| Mon                                                                                        |       |        |                                                                                                                                                                                          |  |          |  |
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| Tue                                                                                        |       |        | State any seasonal variations for exhibition of films (read guidance note 5)                                                                                                             |  |          |  |
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| 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 (read guidance note 6)  |  |          |  |
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| <b>Box C</b><br><b>Indoor sporting events</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        |                                                                                                                                                                                                          |          |  |
| Day                                                                                                         | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                                  |          |  |
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| Wed                                                                                                         |       |        |                                                                                                                                                                                                          |          |  |
|                                                                                                             |       |        | State any seasonal variations for indoor sporting events (read guidance note 5)                                                                                                                          |          |  |
| Thur                                                                                                        |       |        |                                                                                                                                                                                                          |          |  |
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| Fri                                                                                                         |       |        | Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)        |          |  |
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| <b>Box D Boxing or wrestling entertainment</b><br>Standard days and timings<br>Please read guidance note 7) |       |        | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                       | Indoors  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                          | Outdoors |  |
|                                                                                                             |       |        |                                                                                                                                                                                                          | Both     |  |
| Day                                                                                                         | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                                  |          |  |
| Mon                                                                                                         |       |        |                                                                                                                                                                                                          |          |  |
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| Wed                                                                                                         |       |        |                                                                                                                                                                                                          |          |  |
|                                                                                                             |       |        | State any seasonal variations for boxing or wrestling entertainment (read guidance note 5)                                                                                                               |          |  |
| Thur                                                                                                        |       |        |                                                                                                                                                                                                          |          |  |
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| 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) |          |  |
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| Sat                                                                                                         |       |        |                                                                                                                                                                                                          |          |  |
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| <b>Box E</b><br><b>Live music</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the performance of live music take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                           |  | Indoors  |  |
|                                                                                                 |       |        |                                                                                                                                                                                                      |  | Outdoors |  |
|                                                                                                 |       |        |                                                                                                                                                                                                      |  | Both     |  |
| Day                                                                                             | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                              |  |          |  |
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| Tue                                                                                             |       |        |                                                                                                                                                                                                      |  |          |  |
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| Wed                                                                                             |       |        |                                                                                                                                                                                                      |  |          |  |
|                                                                                                 |       |        | State any seasonal variations for the performance of live music (read guidance note 5)                                                                                                               |  |          |  |
| Thur                                                                                            |       |        |                                                                                                                                                                                                      |  |          |  |
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| Sat                                                                                             |       |        |                                                                                                                                                                                                      |  |          |  |
|                                                                                                 |       |        | 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) |  |          |  |
| Sun                                                                                             |       |        |                                                                                                                                                                                                      |  |          |  |
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| <b>Box F</b><br><b>Recorded music</b><br>Standard days and timings<br>(Please read guidance note 7)       |       |        | Will the playing of recorded music take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                           |  | Indoors  |  |
|                                                                                                           |       |        |                                                                                                                                                                                                      |  | Outdoors |  |
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| Day                                                                                                       | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                              |  |          |  |
| Mon                                                                                                       |       |        |                                                                                                                                                                                                      |  |          |  |
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| Tue                                                                                                       |       |        | State any seasonal variations for playing recorded music (read guidance note 5)                                                                                                                      |  |          |  |
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| Wed                                                                                                       |       |        | 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) |  |          |  |
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| <b>Box G</b><br><b>Performance of dance</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the performance of dance take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3)                                                                                |  | Indoors  |  |
|                                                                                                           |       |        |                                                                                                                                                                                                      |  | Outdoors |  |
|                                                                                                           |       |        |                                                                                                                                                                                                      |  | Both     |  |
| Day                                                                                                       | Start | Finish | Please give further details here (read guidance note 4)                                                                                                                                              |  |          |  |
| Mon                                                                                                       |       |        |                                                                                                                                                                                                      |  |          |  |
|                                                                                                           |       |        |                                                                                                                                                                                                      |  |          |  |
| Tue                                                                                                       |       |        | State any seasonal variations for performance of dance (read guidance note 5)                                                                                                                        |  |          |  |
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|                                                                                                           |       |        |                                                                                                                                                                                                      |  |          |  |
| 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 6)      |  |          |  |
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| <b>Box H</b><br><b>Anything of a similar description to that falling within e, f or g</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | <u>Please give a description of the type of entertainment you will be providing</u>                             |          |  |
| Day                                                                                                                                                     | Start | Finish | Will this entertainment take place indoors or outdoors or both – please tick ✓<br>(Please read guidance note 3) | Indoors  |  |
| Mon                                                                                                                                                     |       |        |                                                                                                                 | Outdoors |  |
|                                                                                                                                                         |       |        |                                                                                                                 | Both     |  |
| Tue                                                                                                                                                     |       |        | <u>Please give further details here</u> (read guidance note 4)                                                  |          |  |
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| Wed                                                                                                                                                     |       |        |                                                                                                                 |          |  |
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| Thur                                                                                                                                                    |       |        |                                                                                                                 |          |  |
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| <b>Box I</b><br><b>Late night refreshment</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the provision of late night refreshment<br>take place indoors or outdoors or both –<br>please tick ✓<br>(Please read guidance note 3)                                                                                          | Indoors  |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     | Outdoors |  |                                                                                                         |  |  |
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| Day                                                                                                         | Start | Finish | <u>Please give further details here</u> (read guidance note 4)                                                                                                                                                                      |          |  |                                                                                                         |  |  |
| Mon                                                                                                         |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
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| Tue                                                                                                         |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
| Wed                                                                                                         |       |        |                                                                                                                                                                                                                                     |          |  | <u>State any seasonal variations for the provision of late night refreshment</u> (read guidance note 5) |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
| Thur                                                                                                        |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
| Fri                                                                                                         |       |        | <u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6) |          |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
| Sat                                                                                                         |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
| Sun                                                                                                         |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |
|                                                                                                             |       |        |                                                                                                                                                                                                                                     |          |  |                                                                                                         |  |  |

|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
|--------------------------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|
| <b>Box J</b><br><b>Supply of alcohol</b><br>Standard days and timings<br>(Please read guidance note 7) |       |        | Will the supply of alcohol be for consumption<br>– please tick ✓<br>(Please read guidance note 8)                                                                                     | On premises  | <input checked="" type="checkbox"/> |
|                                                                                                        |       |        |                                                                                                                                                                                       | Off premises | <input type="checkbox"/>            |
|                                                                                                        |       |        |                                                                                                                                                                                       | Both         | <input type="checkbox"/>            |
| Day                                                                                                    | Start | Finish | State any seasonal variations for the supply of alcohol (read guidance note 5)                                                                                                        |              |                                     |
| Mon                                                                                                    | 12.00 | 23.00  |                                                                                                                                                                                       |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Tue                                                                                                    | 12.00 | 23.00  |                                                                                                                                                                                       |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Wed                                                                                                    | 12.00 | 23.00  |                                                                                                                                                                                       |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Thur                                                                                                   | 12.00 | 23.00  | 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 (read guidance note 6) |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Fri                                                                                                    | 12.00 | 23.00  |                                                                                                                                                                                       |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Sat                                                                                                    | 12.00 | 23.00  |                                                                                                                                                                                       |              |                                     |
|                                                                                                        |       |        |                                                                                                                                                                                       |              |                                     |
| Sun                                                                                                    | 12.00 | 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 ..... James Jordan Lee .....  
 Date of Birth ..... [REDACTED] .....  
 Address ..... [REDACTED] .....  
 Postcode ..... [REDACTED] .....  
 Personal Licence number, if known, ..... WN 005508 .....  
 Issuing licensing authority, if known, ..... ULW NDC .....

## Box 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)

NA.

## Box L

Hours premises are open to the public

Standard days and timings  
(Please read guidance note 7)

| Day  | Start | Finish |
|------|-------|--------|
| Mon  | 07.00 | 23.30  |
|      |       |        |
| Tue  | 07.00 | 23.30  |
|      |       |        |
| Wed  | 07.00 | 23.30  |
|      |       |        |
| Thur | 07.00 | 23.30  |
|      |       |        |
| Fri  | 07.00 | 23.30  |
|      |       |        |
| Sat  | 07.00 | 23.30  |
|      |       |        |
| Sun  | 07.00 | 23.30  |
|      |       |        |

State any seasonal variation (read guidance note 5)

Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)

## 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 10)

At the Blue Bear Inn we are committed to promoting the four licensing objectives as outlined in the licensing act 2003. Our aim is to continue to operate a safe & responsible establishment that is inclusive & friendly whilst totally compliant. Sale of alcohol to Residents and any guests of residence.

b) The prevention of crime and disorder

We have CCTV in operation covering entry & exit points as well as in the public areas. This is advertised throughout the premises. We will continue to work closely with local authorities & Police to stay informed about emerging issues & collaborate on strategies to enhance safety.

c) Public safety

Our Premises will comply with all relevant health & safety regulations including Fire Safety measures. Exits are always kept clear & unblocked with emergency lighting installed. First aid kits are on site and training provided to use them if necessary. Responsible Service practices ensure that no drinks served to anyone intoxicated.

d) The prevention of public nuisance

Noise levels especially at night will be managed as this is a residential area. Signs reminding our patrons to keep noise to a minimum are on display. Litter etc will be regularly cleared from the area surrounding the premises & dialogue with any concerned parties will be amicable.

e) The protection of children from harm

Challenge 25 policy in situ. Staff trained to verify IDs & to refuse service accordingly if necessary. A family friendly environment with specific areas for families away from the bar is in situ, ensuring a safe & enjoyable experience for all. We are running this establishment as a bar and as such do not accommodate children and we employ no staff.

However if a family were to stay, obviously we would adhere to all guidelines.

## **CHECKLIST**

Please tick to indicate agreement

- I have made or enclosed payment of the fee ..... ☒
- I have enclosed a 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 or my application is not completed correctly, 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 10

Signature of applicant (the proposed current premises licence holder) 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 ..... 02/05/2025

Capacity ..... Owner

Capacity.....

Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the proposed current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other duly authorised agent. (Please read guidance note 12) If signing on behalf of the applicant please state in what capacity.

Signature ..... [REDACTED]

Date ..... 6 May 2025.

Capacity ..... Director.

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

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Lauva. kee .<br>The Boar.<br>31, Station Road NR21 0DX |                     |
| Post Town: Great Ryburgh.                              | Postcode: NR21 0DX. |
| Daytime contact telephone number                       | [REDACTED]          |
| E-mail address (optional)                              | [REDACTED]          |