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 your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

If submitting the application by post, you must also send additional copies on the same day to all of the responsible authorities.

Payments can be made online or via telephone on 01709 247400

Mrs Claire Mallory t/a The Vintage Booth Tea Room

(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

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description 14 Grange Lane Maltby				
Post (CV) it Rotherham	177 37 32 S66 7DA			
	01709 818020			
New deligner to principle in the company of the control of the con	£3,200.00			

Part 2 - Applicant details

Pleas appr		e whether you are applying for a premises licence as ate	Please tick as
a)	an	individual or individuals *	please complete section (A)
b)	a p	erson other than an individual *	
	i	as a limited company/limited liability partnership	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)

other (for example a statutory corporation)

- c) a recognised club
- d) a charity
- the proprietor of an educational establishment
- a health service body
- a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- a person who is registered under Chapter 2 ga) of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England
- the chief officer of police of a police force in h) **England and Wales**

please complete section (B)

please APPENDIX 2

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	Mrs	Miss	Ms	Other T exampl			0.00
Surname	Mallory		First n Claire	ames			
Date of bir	th	I am 18	years old or over	F	lease tic	k yes	
Nationality	Britis	h					
Current res address if o from premis address	lifferent						
Post town	Rot	herham		Po	stcode	s	66 7ED
Daytime contact telephone number		07868173516					
E-mail add (optional)	ress	164,440	dom				
checking se	licable (if de ervice), the s for informa	9-digit 'share c	right to work via ode' provided to	the Hon the appl	e Office icant by	online rigl that servic	ht to work e (please

APPENDIX 2

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs	Miss	Ms	Other Title (for example, Rev)		
Surname		First n	ames		
Date of birth over	Please tick yes			ase tick yes	
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
Post town			Postcode		
Daytime contact to number	elephone				
E-mail address (optional)					
(B) OTHER APPLICANTS Please provide name and registered address of applicant in full. Where					

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	
Address	
	Control (policy)
Registered number (where applicable)	
Description of applicant (for example, page etc.)	artnership, company, unincorporated association
	and the same of th
Telephone number (if any)	
E-mail address (optional)	

APPENDIX 2

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY 0 3 0 6 2 0 2 1

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)

We are a small vintage tea room based just off the main high street in Maltby. We offer traditional and vintage inspired food and hot drinks. Our customer base mainly ranges from middle age to elderly customers. Our premises are small which creates a cosy welcoming atmosphere. The inside of our premises is decorated in the vintage 40s/50s era. We play vintage background music which is mostly from the 1940s which gives a relaxing mood to the premises. We do not serve fried food, we have a very select menu which is where we think our appeal for the quiet and quaint experience is given. We are a very respectable and professional establishment which gives us our return customers.

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

n/a

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 Lidensing 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)
- indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box Φ)
- 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)
- 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

A

APPENDIX 2

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read a	guidance note 4)	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to premises for the performance of plays at dithose listed in the column on the left, pleas	ifferent times to	
Sat			guidance note 6)		
Sun					