

Appendix 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 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 **Anna Witham**

(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 Fuzion Bitez 62 Wales Road Kiveton Park			
Post town	Sheffield	Postcode	S26 6RD
Telephone number at premises (if any)		01909 318567	
Non-domestic rateable value of premises		£ 10,000	

Part 2 - Applicant details

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

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
	iii as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
	iv other (for example a statutory corporation)	<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)	a person 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)

Appendix 2

* 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 <input checked="" type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname Witham		First names Anna		
Date of birth 18-11-1985		I am 18 years old or over <input checked="" type="checkbox"/>		
Nationality British				
Current residential address if different from premises address		10 Festival Close, Kiveton Park		
Post town	Sheffield		Postcode	S26 5LY
Daytime contact telephone number		07508449750		
E-mail address (optional)		anna.witham@yahoo.co.uk		
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)				

Second individual applicant (if applicable)

Mr	Mrs	Miss <input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname		First names		
Date of birth or over		I am 18 years old		Please tick yes
Nationality				
Current residential address if different from premises address				
Post town			Postcode	
Daytime contact telephone number				
E-mail address (optional)				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)				

Appendix 2

(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
07	02	2025

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)

The premises is a restaurant, located on the main road running through the village of Kiveton Park.

The restaurant is located on the corner of a main road, sharing one wall with the café next door and is situated in both a commercial and residential area.

The main entrance to the restaurant is located at the front of the building adjacent to the main road, leading into the main body of the restaurant. To the left of the entrance is a small reception area, to the right is a seating area with a sofa and surrounding areas is seating and dining tables. To the far right is a large kitchen area with an open view through to the kitchen and chef area. To the rear is a toilet with disabled access and baby changing facilities. To the rear far left are steps to a rear door, and staircase leading to additional seating and bar area. The bar is allocated to the far right with an additional toilet and staff office area.

Appendix 2

The rear of the building behind the kitchen has a patio area with outbuildings which is assessable either via the rear door inside the restaurant or from outside of behind the restaurant. The patio area may be used by customers should they wish to vape/smoke, alcohol will not be permitted to be consumed in this area or outside the building.

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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	✓

In all cases complete boxes K, L and M

Appendix 2

A

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed					
Thur			State any seasonal variations for performing plays (please read guidance note 5)		
Fri					
Sat					
Sun			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)		

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Fri					
Sat					
Sun			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)		

Appendix 2

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoor s	
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

Appendix 2

E

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

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	✓	
Day	Start	Finish		Outdoors		
Mon				<u>Please give further details here</u> (please read guidance note 4)		
	12:00	22:30				
Tue			Low background music – unamplified			
	12:00	22:30				
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)			
	12:00	22:30				
Thur			None			
	12:00	22:30				
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)			
	12:00	22:30				
Sat						
	12:00	22:30				
Sun			None			
	12:00	22:00				

Appendix 2

G

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

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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				<u>Please give further details here</u> (please read guidance note 4)	Outdoors
Tue			Both		
Wed			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

Appendix 2

I

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	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	
Tue					
Wed				<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

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	✓
Day	Start	Finish		Off the premises	
Mon	12:00	22:30	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)	Both	
Tue	12:00	22:30			
Wed	12:00	22:30		<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)	
Thur	12:00	22:30			
Fri	12:00	22:30			
Sat	12:00	22:30			
Sun	12:00	22:30			

Appendix 2

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	Anna Witham
Date of birth	18.11.1985
Address	10 Festival Close, Kiveton Park , Sheffield
Postcode	S26 5LY
Personal licence number (if known)	RM3847
Issuing licensing authority (if known)	Rotherham Metropolitan Borough 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).

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)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Start</th> <th style="width: 15%;">Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Tue</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Wed</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Thur</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Fri</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Sat</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> <tr> <td>Sun</td> <td style="text-align: center;">12:00</td> <td style="text-align: center;">23:00</td> </tr> </tbody> </table>	Day	Start	Finish	Mon	12:00	23:00	Tue	12:00	23:00	Wed	12:00	23:00	Thur	12:00	23:00	Fri	12:00	23:00	Sat	12:00	23:00	Sun	12:00	23:00	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
Day	Start	Finish																							
Mon	12:00	23:00																							
Tue	12:00	23:00																							
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Sun	12:00	23:00																							

Appendix 2

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)

There will be a Personal Licence Holder on the premises at all times.

A Designated Premises Supervisor will be nominated and will regularly attend local Pub-watch meetings.

There will be a sufficient number of staff on the premises at all times.

All staff will receive training on induction and yearly, on, 'Challenge 25', types of acceptable ID, method of recording refusals, refusing sales of alcohol to persons who appear to be drunk, preventing proxy sales, incident recording and when to call the Police, operation of the "ask Angela Scheme" and how to review the CCTV system if requested.

Staff training will be recorded and available to view as/when requested by Police/Licensing Authority.

A record of each member of staff who is authorised to sell alcohol shall be kept on the premises. This record shall include the staff members full name, address, and date of birth.

No adult entertainment or services shall be provided at the premises.

b) The prevention of crime and disorder

High quality CCTV is fitted covering the whole internal and exterior of the premises, showing accurate dates/times, fully maintained and recordings kept for a minimum of 31 days and available if required for viewing by the Police and/or Licensing Authority.

Challenge 25 in place:

- All staff trained to request photographic identification to control the sale of alcohol to anyone under the age of 18 years old with challenge 25 in place.
- Clear Challenge 25 signs.
- A book logging all refusals made under the challenge 25 policy to include the date of refusal, member/s of staff that made the refusal and if whether a fake ID was used/seized.
- The Challenge 25 log and the incident book shall be kept on the premises and will be available for inspection if/when requested by the Police or Licensing Authority. The DPS or nominated deputy shall check sign and date this weekly.
- The operation of the 'Ask Angela' scheme is in place.
- A zero drug tolerance policy will be in operation at the premises, including regular checks carried out and recorded by management to prevent the use of drugs by customers. A copy of the premises drugs policy, and all associated records kept at the premises and made available to the Police or an authorised officer of the Licensing Authority upon request.

Regular glass collection in place, taxi booking service provided. An incident book will be maintained and available, recording any and all incidents of crime/disorder at the premises along with if/when police are called.

Appendix 2

c) Public safety

The following measures are in place to protect public safety:

- Employers & public liability insurance.
- Annual gas safety check.
- Annual electrical check, PAT testing safety checks.
- Up to date health & safety policy & risk assessments. asbestos survey of premises.
- Sufficient lighting internally & externally.
- Regular fire checks & servicing of fire detection & extinguishing equipment including 5 extinguishers located throughout the building.
- Staff trained in emergency procedures.
- Designated external smoking area.
- Good housekeeping procedures enforced.
- Security staff

d) The prevention of public nuisance

- Doors & windows kept closed.
- There will be no outside entertainment
- Noise restrictive speakers positioned away from external walls.
- Signage is in place asking people to arrive and leave quietly
- Regular sound checks to the inside & outside of the premises

e) The protection of children from harm

- No children permitted upstairs in the bar area
- Children must be accompanied by a responsible adult at all times.
- Children are not permitted in the outside smoking area at any time.

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 or my share code issued by the Home Office online right to work checking service (please read note 15).	✓


Appendix 2

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.**

Declaration	<ul style="list-style-type: none"> [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). 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	14.01.2025
Capacity	Applicant

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)			

Appendix 2

Ground floor



First floor



Appendix 2

Ground Floor

First Floor

