

RECEIVED

22 AUG 2019

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We Verastar Limited

(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 No.1 Dovecote Old Hall Lane			
Post town	Sale	Postcode	M33 2GS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£585,000

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i 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)
- 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 type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/>		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 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example. Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please 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 telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name Verstar Limited
Address Longley House Longley Lane Manchester M22 4SY
Registered number (where applicable) 3667643
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited 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
A	S	A P

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 comprise an office building in which the applicant uses two areas on the ground floor. There is a general work area edged yellow and shown on the right hand side of the layout plan accompanying the application. There is then a second area, edged pink, which has a restaurant facility for staff with service points, food preparation area and then a range of seating and this is the area to be licensed for on sale consumption.

The premises is part of a larger Business and Technology Park and the staff have access to the grounds, the premises have car parking facilities for staff and customers.

It is proposed that licensable activities would occur occasionally in the restaurant area, and that the Landlord would permit, on certain occasions, external areas to be used on the Business Park.

It is not proposed that the licensable activities would take place each evening but that there would be the facility for these to happen after work within the hours proposed. The premises are equipped with CCTV that is operated by the Landlord with images retained for a minimum of 28 days. It is not proposed that the facility would be available to the general public.

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)

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 MA

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

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

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
wed			
Thur			<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)
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
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					

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	
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) Occasions when there are work functions arranged live music, as with recorded music and entertainment such as karaoke and general entertainment could take place at the premises within the hours requested.		
Mon	17:30	22:00			
Tue	17:30	22:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed	17:30	22:00			
Thur	17:30	22:00	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) Any external music would cease at 21.00		
Fri	17:30	22:00			
Sat					
Sun					

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	
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	17:30	22:00	Please give further details here (please read guidance note 4) Occasions when there are work functions arranged live music, as with recorded music and entertainment such as karaoke and general entertainment could take place at the premises within the hours requested.	Both	<input checked="" type="checkbox"/>
Tue	17:30	22:00			
Wed	17:30	22:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)	Both	<input checked="" type="checkbox"/>
Thur	17:30	22:00			
Fri	17:30	22:00	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) Any external music would cease at 21.00	Both	<input checked="" type="checkbox"/>
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon	17:30	22:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	17:30	22:00	Please give further details here (please read guidance note 4)		
			Occasions when there are work functions arranged live music, as with recorded music and entertainment such as karaoke and general entertainment could take place at the premises within the hours requested.		
Wed	17:30	22:00			
Thur	17:30	22:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri	17:30	22:00			
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) Any external music would cease at 21.00		
Sun					

G

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"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 list (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	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	17:30	22:00			
Tue	17:30	22:00			
Wed	17:30	22:00			
Thur	17:30	22:00			
Fri	17:30	22:00			
Sat					
Sun			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)		

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 To be confirmed	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
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					

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).

None.

L

<p>Hours premises are open to the public Standard days and timings (please read guidance note 7)</p>			<p><u>State any seasonal variations</u> (please read guidance note 5)</p>
Day	Start	Finish	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)</p> <p>The site is open for the purposes of the business between the hours indicated. The restaurant area would only be used for licensable activities on days determined by the business and after work finishes for the majority of staff.</p>
Mon	07:00	22:30	
Tue	07:00	22:30	
Wed	07:00	22:30	
Thur	07:00	22:30	
Fri	07:00	22:30	
Sat			
Sun			

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)

The premises are the workplace of the applicant company and will be occupied by staff. The facility is primarily aimed to provide staff with a leisure facility that may from time to time involve payment for alcohol available and so is covered by the Licence. The only other people who will be entitled to attend to consume alcohol or participate in entertainment would be family members of staff, customers and specifically invited guests of the company. It would not be a premises that was open to the general public.

The premises is equipped with CCTV, the area internally and any external areas has CCTV. The CCTV is under the principal control of the Landlord of the premises but, subject to data protection regulations, images could be made available and are retained for 28 days.

Access to the area is for staff and invited guests who would be either members of the family or customers and suppliers but would always be invited guests.

b) The prevention of crime and disorder

The provision for off sales is to permit alcohol purchased to be taken into any external area that is permitted by the Landlord or within the offices of the applicant company but is not the intention to permit off sales to be taken off the site.

If external areas are used then non glass items would be used as receptacles for drinking.

c) Public safety

Public safety of the premises would be operated in accordance with current Health and Safety and Fire Safety requirements and regulations.

d) The prevention of public nuisance

It is proposed the premises will be operated in such a way as not to cause nuisance to any nearby properties. If music is played externally it would cease at 21.00 and all music would cease at 22:00 hours.

e) The protection of children from harm

Any children who attend the premises would be accompanied by their parents if a family event was arranged. Individuals who will serve alcohol will be instructed to operate a Minimum Challenge 21 Policy meaning that any person who appears to be under the age of 21 will be required to produce photo ID to prove they are over the age of 18 and entitled to purchase alcohol.

The staff will be trained in that process and a refusal record will be maintained, although generally as admission is by invitation the application will know who is under the age of 18.

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	<i>Dwf Law LLP</i>
Date	21 August 2019
Capacity	Solicitor on behalf of 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)			
David Crank DWF LAW LLP 5 St Pauls Square Old Hall Street			
Post town	Liverpool	Postcode	L3 9AE
Telephone number (if any)	0151 907 3381		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) David.crank@dwf.law			

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).

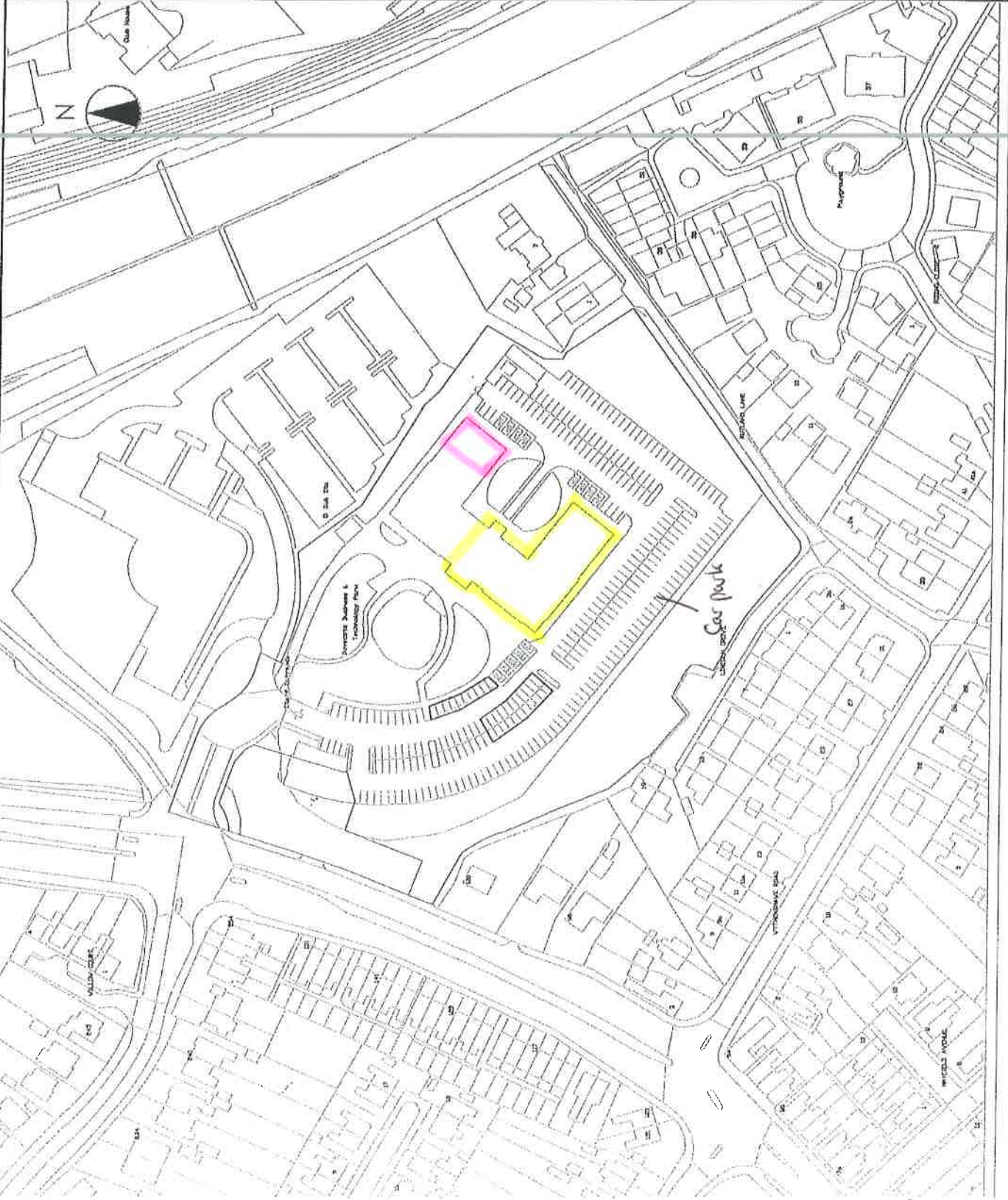
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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.**

locater Plan.



P I N PROPERTY CONSULTANCY

DO NOT SCALE THIS DRAWING. CHECK ALL DIMENSIONS ON SITE.
 The drawing is to be read in conjunction with all relevant specifications and drawings issued. For completeness or clarification, refer to the drawings and specifications. The contractor is to check the works against the drawings and specifications and to report any discrepancies to the client before work commences.

- Proposed landscaped area
- office space occupied by applicant

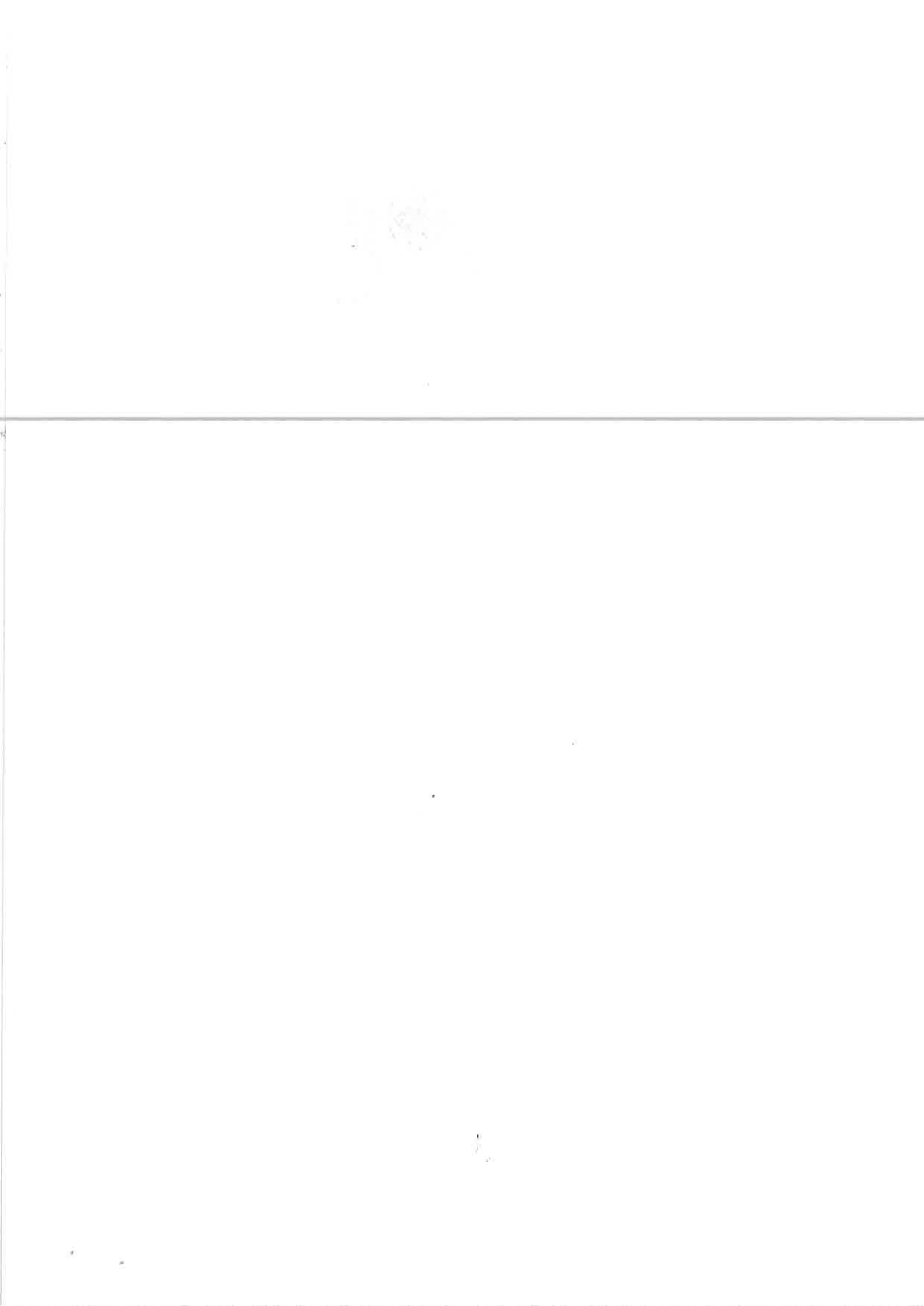
PLOT 3717



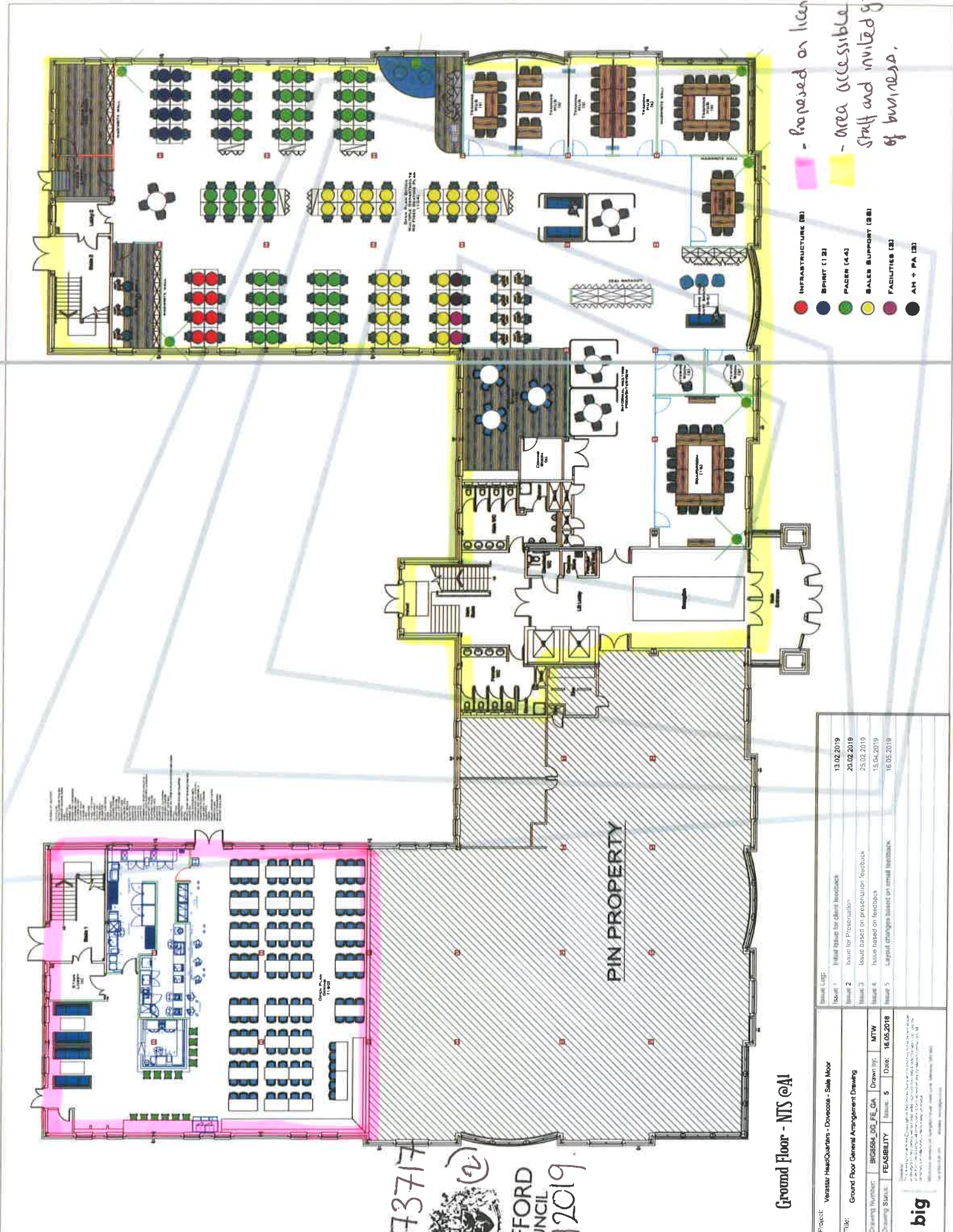
TRAFFORD COUNCIL
 20092019

Date	Drawn	Dr
Client	Reviewed	Dr
Drawn/Issue:		
Project:	Dovecote House	
Drawing Title:	Proposed Site Plan	
Scale	Drawn by	checked by
Reviewed	Drawn by	Checked by
Drawing No.		

P I N PROPERTY CONSULTANCY



Site plan.



- proposed on licence area
 - area accessible to staff and invited guests of business.

- INFRASTRUCTURE (B)
- SPIRIT (1 B)
- PAGER (A-A)
- SALES SUPPORT (B)
- FACILITIES (B)
- AH + PA (B)

Ground Floor - NTS @A

Plot 73717
 TRAFFORD COUNCIL
 20 09 2019

Project:	Verster HeadQuarters - Dovecot - Sale Moor	
Title:	Ground Floor General Arrangement Drawing	
Company Number:	BIG5664_05_FE_0A	
Drawing Status:	FEASIBILITY	
Issue:	5	
Date:	16.05.2018	
Drawn by:	MTW	
Issue 1:	Initial issue for client feedback	13.02.2019
Issue 2:	Issue for Procurement	20.02.2019
Issue 3:	Issue based on presentation feedback	23.02.2019
Issue 4:	Issue based on feedback	15.04.2019
Issue 5:	Layout changes based on email feedback	16.05.2019



