

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 Common Ground Coffee 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			
Common Ground 20 Shaw's Road			
Post town	Altrincham	Postcode	WA14 1QU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£8,500

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" 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 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 Common Ground Coffee Limited
Address 20 Shaw's Road Altrincham WA14 1QU
Registered number (where applicable) 10388809
Description of applicant (for example, partnership, company, unincorporated association etc.) Private 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
1 2 1 1 2 0 2 0

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)

Licensed coffee shop and bar, trading on the ground, first and second floors.

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)

- | | |
|--|-----------------------------------|
| <p>Provision of regulated entertainment (please read guidance note 2)</p> <ul style="list-style-type: none"> a) plays (if ticking yes, fill in box A) <input type="checkbox"/> b) films (if ticking yes, fill in box B) <input checked="" type="checkbox"/> c) indoor sporting events (if ticking yes, fill in box C) <input type="checkbox"/> d) boxing or wrestling entertainment (if ticking yes, fill in box D) <input type="checkbox"/> e) live music (if ticking yes, fill in box E) <input checked="" type="checkbox"/> f) recorded music (if ticking yes, fill in box F) <input checked="" type="checkbox"/> g) performances of dance (if ticking yes, fill in box G) <input type="checkbox"/> | <p>Please tick all that apply</p> |
|--|-----------------------------------|

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 M

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed					
Thur			<u>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</u> (please read guidance note 6)		
Fri					
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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	10.00	00.00	Please give further details here (please read guidance note 4)		
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	10.00	01.00			
Fri	10.00	01.00	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	10.00	01.00	From the end of permitted hours on New Year’s Eve to the start of permitted hours on New Year’s Day.		
Sun	10.00	00.00			

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

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	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)					
Mon	10.00	00.00						
Tue	10.00	00.00						
Wed	10.00	00.00				<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	10.00	01.00						
Fri	10.00	01.00	<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) From the end of permitted hours on New Year’s Eve to the start of permitted hours on New Year’s Day.					
Sat	10.00	01.00						
Sun	10.00	00.00						

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	10.00	00.00			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Tue	10.00	00.00			
			<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) From the end of permitted hours on New Year’s Eve to the start of permitted hours on New Year’s Day.		
Wed	10.00	00.00			
Thur	10.00	01.00			
Fri	10.00	01.00			
Sat	10.00	01.00			
Sun	10.00	00.00			

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

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	2300	00.00			
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Tue	2300	00.00			
			<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)		
Wed	2300	00.00			
			From the end of permitted hours on New Year’s Eve to the start of permitted hours on New Year’s Day.		
Thur	2300	01.00			
Fri	2300	01.00			
Sat	2300	01.00			
Sun	2300	00.00			

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	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	01.00			
Fri	10.00	01.00			
Sat	10.00	01.00			
Sun	10.00	00.00			

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 Damian Stuart Besbrode	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) PA067902	
Issuing licensing authority (if known) Trafford Council	

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)

As per the conditions contained within the attached operating schedule.

b) The prevention of crime and disorder

As per the conditions contained within the attached operating schedule.

c) Public safety

As per the conditions contained within the attached operating schedule.

d) The prevention of public nuisance

As per the conditions contained within the attached operating schedule.

e) The protection of children from harm

As per the conditions contained within the operating schedule.

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.**

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
--------------------	--

	<p>entitled to live and work in the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, 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	Kuit Steinart Levy LLP
Date	14.8.2020
Capacity	Solicitors and Authorised Agents

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	

<p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Kuit Steinart Levy LLP 3 St Mary's Parsonage</p>			
Post town	Manchester	Postcode	M3 2RD
Telephone number (if any)	[REDACTED]		
<p>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</p> <p>[REDACTED]</p>			

COMMON GROUND, ALTRINCHAM
OPERATING SCHEDULE

Staff shall be trained in the requirements of the Licensing Act 2003 with regard to the Licensing Objectives.

A) The Prevention of Crime and Disorder

1. A CCTV system shall be maintained and operated at the premises with cameras positioned both internally and externally.
2. Recorded CCTV images will be maintained and stored for a period of twenty-eight days and shall be produced to the Police or Licensing Authority upon request.
3. CCTV will be in operation at any time a person is in the premises. Where CCTV is recorded onto a hard drive system, any DVDs subsequently produced will be in a format so it can be played back on a standard PC or DVD player.
4. Any person left in charge of the premises must be trained in the use of any such CCTV equipment, and be able to produce CCTV images to an officer from a responsible authority upon request.
5. SIA registered door staff shall be employed at the premises, in accordance with a risk assessment, to be carried out by the DPS. When employed, door staff will wear high visibility armbands.
6. When employed, a register of those door staff employed shall be maintained at the premises and shall include:
 - (i) the number of door staff on duty;
 - (ii) the identity of each member of door staff;
 - (iii) the times the door staff are on duty.
7. Open containers of alcohol shall not be removed from the premises, save for consumption in any delineated external area.
8. Staff will be trained in the laws relating to under age sales, and that training shall be documented and repeated at 6 monthly intervals.
9. A refusals book will be maintained at the premises, and made available to an officer of a responsible authority upon request.

B) Public Safety

1. A first aid box will be available at the premises at all times.

2. Regular safety checks shall be carried out by staff.
3. Management shall liaise with the Fire Authority as necessary to ensure compliance with all necessary fire regulations.
4. The premises shall maintain an Incident Log and public liability insurance.

C) The Prevention of Public Nuisance

1. Noise from amplified music or voices shall not be such as to cause a noise nuisance to occupants of nearby premises.
2. No noise shall emanate from the premises nor vibration be transmitted through the structure of the premises which gives rise to a nuisance.
3. The exterior of the building shall be cleared of litter at regular intervals.
4. Notices will be positioned at the exits to the building requesting customers to leave in a quiet manner.
5. Doors and windows at the premises are to remain closed after 11pm, save for access and egress.
6. A Dispersal and Smoking Policy will be implemented and adhered to (see attached).
7. The emptying of bins into skips, and refuse collections will not take place between 11pm and 7am.

D) The Protection of Children From Harm

1. A "Challenge 21" Policy shall be implemented in full and appropriate identification sought from any person who appears to be under the age of 21. The only acceptable forms of ID are photographic driving licences, passports, HM forces warrant cards, EU/EEA national ID card or similar document or a form of identification with the "PASS" hologram.

COMMON GROUND, ALTRINCHAM
SMOKING & AL FRESCO DINING POLICY

1. Any outside area used by customers wishing to dine, drink or smoke shall be clearly delineated and covered by the CCTV system which will be installed at the premises.
2. The outside area shall be monitored by staff or door staff at all times it is in use
3. The area will be cleaned regularly
4. Suitable receptacles shall be provided for smokers to dispose of cigarette butts.
5. Signs will be displayed in the area requesting customers keep noise to a minimum.
6. Patrons who disregard signage and verbal instructions regarding noise will be asked to move inside and/or leave the premises.
7. Open containers of alcohol shall not be permitted to be taken beyond the boundary of the outside area

COMMON GROUND, ALTRINCHAM

DISPERSAL POLICY

1. At the end of the evening management and staff will assist with the orderly and gradual dispersal of patrons.
2. Staff Members will advise patrons to leave the premises quickly and quietly out of respect for our neighbours.
3. Notices will be displayed requesting our customers to leave quietly and in an orderly manner out of consideration to neighbours and their attention will be drawn to these notices by members of staff.
4. We will ensure the removal of all bottles and drinking receptacles from any patron before exiting the premises (this does not apply in the case of consumption in any delineated external drinking area.)
5. We will actively discourage our customers from assembling outside the premises at the end of the evening.

.....
[name and address of premises to which the application relates]

and made by

Common Ground Coffee Limited

.....
[name of applicant]

concerning the supply of alcohol at

Common Ground
20 Shawa Road
Altrincham

.....
[name and address of premises to which the application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a Personal Licence, details of which I set out below.

Personal Licence number

PA067902

Personal Licence issuing Authority

Trafford Council

Signature



Name (please print): DAMIAN STUART BESBROOKE

Date: 13/08/2020

KUTT STEINART LEVY LLP, 3 ST MARY'S PARSONAGE, MANCHESTER
M3 2RD. TELEPHONE NUMBER: [REDACTED]