

**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.

**We DONKEYSTONE BREWING COMPANY 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			
UNITS A-D, WELLINGTON INDUSTRIAL PARK, WELLINGTON ROAD, GREENFIELD, OLDHAM OL3 7AQ			
Post town	OLDHAM	Postcode	OL3 7AQ
Telephone number at premises (if any)		07434992050	
Non-domestic rateable value of premises		£65,500 Band C £315.00	

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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)					

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**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
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)					
<b>Current residential address if different from premises address</b>					
<b>Post town</b>		<b>Postcode</b>			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.**

<b>Name</b> DONKEYSTONE BREWING COMPANY LIMITED
<b>Address</b>  Units 17/18 Boarshurst Business Park, Greenfield, Oldham, Saddleworth, England, OL3 7ER
<b>Registered number (where applicable)</b>  10714926 - Incorporated on 7 April 2017

Description of applicant (for example, partnership, company, unincorporated association etc.) Private 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? 

DD	MM	YYYY
1	6	08 20 21

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)

Donkeystone Brewing Co Ltd is a Microbrewery with tap room that has operated with a similar premises license at Boarshurst Business Park in Greenfield since 2017. We manufacture a wide range of locally produced ales and beers which are enjoyed by local customers as well as those further afield. Due to ongoing success and expansion, we are moving to a new larger premise in the centre of Greenfield just behind Tesco supermarket on Wellington Road where we wish to continue to operate on and off sales of alcohol to the public through our tap room and retail shop. As well as being a great place to be able to enjoy our range of crafted beers, our tap room has been a haven for local families and walkers to relax and socialise with other likeminded craft beer lovers and we wish to continue to offer such a space in our new premises.

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)                             | <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)
- 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 M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Tue					
			<b>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</b> (please read guidance note 6)		
Wed					
Thur					
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon	0800	2300			
Tue	0800	2300			
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Wed	0800	2300			
Thur	0800	2300			
			<b><u>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</u></b> (please read guidance note 6)		
Fri	0800	2300			
Sat	0800	2300			
Sun	0900	2300			

**C**

Indoor sporting events Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><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></b> (please read guidance note 6)
Fri			
Sat			
Sun			



**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)		
Mon	0800	2200			
Tue	0800	2200			
Wed	0800	2200	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur	0800	2200			
			<b>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</b> (please read guidance note 6)		
Fri	0800	2200			
Sat	0800	2200			
Sun	0900	2200			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon	0800	2330			
Tue	0800	2330			
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed	0800	2330			
Thur	0800	2330			
			<b><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></b> (please read guidance note 6)		
Fri	0800	2330			
Sat	0800	2330			
Sun	0900	2330			

**G**

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>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</b> (please read guidance note 6)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed					
Thur			<b><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></b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  New Years Eve – from the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day  <b>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</b> (please read guidance note 6)		
Mon	0800	2300			
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	0900	2300			

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):

<b>Name</b> ██████████	
<b>Date of birth</b> 03/02/1977	
<b>Address</b> ██████████ ██████████ ██████████	
<b>Postcode</b>	██████████
<b>Personal licence number (if known)</b> PA2709	
<b>Issuing licensing authority (if known)</b> OLDHAM 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).**

NONE

**L**

<p><b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)</p>			<p><b><u>State any seasonal variations</u></b> (please read guidance note 5)</p> <p>New Years Eve – from the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day</p>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<p><b><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></b> (please read guidance note 6)</p>
Mon	0800	2330	
Tue	0800	2330	
Wed	0800	2330	
Thur	0800	2330	
Fri	0800	2330	
Sat	0800	2330	
Sun	0900	2330	



## 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)**

1. The premises will make use of a Premises Due Diligence Folder
2. All staff as part of their induction and 6 months thereafter will receive training in its purpose and use.
3. The Due Diligence Folder will contain
  - Quarterly inspection forms
  - The 4 Licensing Objectives explained
  - Designated premises supervisor contact details
  - Authorisations to sell alcohol
  - Challenge 25 policy
  - Drugs Policy
  - Paginated incident register
  - Refusal register
  - Individual Staff training records
  - Staff training materials

**b) The prevention of crime and disorder**

1. The venue will adopt a zero tolerance to Drunks. Staff will be trained on dealing with persons who are disorderly.
2. The venue will have a drugs policy, delivered by the designated premises supervisor. The policy will be supported with staff training and appropriate signage being displayed.
3. An incident book (with the pages numbered sequentially) will be kept on the premises and be made available for inspection by responsible authorities. The incident books will be used to record the following:
  - (i) Any incident of violence or disorder on or immediately outside the premises
  - (ii) Any incident involving controlled drugs (supply/possession/influence) on the premises
  - (iii) Any other crime or criminal activity on the premises
  - (iv) Any refusal to serve alcohol to persons who are drunk (On sale and off sale premises only)
  - (v) Any refusal to serve alcohol to under 18's or anyone who appears to be under 18
  - (vi) Any call for police assistance to the premises
  - (vii) Any ejection from the premises
  - (viii) Any first aid/other care given to a customer

### **1. CCTV**

A tamper-proof digital colour CCTV system will be installed and maintained at the premises.

The system will run and record continuously for 24 hours a day, 7 days per week and recorded footage will be stored for a minimum of 28 days.

The system will provide a clear head and shoulders view to an evidential quality on every entry/exit route and within any other vulnerable areas.

Recorded footage will be provided to a representative of any responsible authority on request. Such footage will be provided in an immediately viewable format and will include any software etc. which is required to view the footage. Any discs, portable drives or other storage media onto which footage is transferred will be provided by the premises and sufficient stock of such storage media will be kept on the premises at all times.

A member of staff who is trained to operate the system and supply footage will be present at the premises at all times when licensable activities are taking place.

The Designated Premises Supervisor will ensure that the CCTV system is checked at least once every week by a suitably trained member of staff. This check will include the operation of the cameras, the recording facilities, the facilities for providing footage and the accuracy of the time & date. A written record of these checks will be kept, including a signature of the person carrying out the check. This written record will be kept on the premises at all times and made available to a representative of any responsible authority on request.

Suitable signage informing customers that a CCTV system is in operation will be placed in prominent positions within the premises, including information on the Data Protection Act and the Human Rights act.

### **c) Public safety**

The premises will be laid out to ensure both staff and public safety  
CCTV will be in operation see crime and disorder section

**d) The prevention of public nuisance**

Signage will be in place requesting customers to respect residents and to keep noise to a minimum when leaving the premises

**e) The protection of children from harm**

**Challenge 25**

The venue will operate a robust Challenge 25 scheme, in relation to age verification for alcohol sales.

Those who appear to staff to be under 25 will be asked for photo identification to prove they are 18.

The only acceptable form of evidence will be: original Passport, photo driving licence, The government PASS Card with hologram. A military identity card with photo.

Staff will receive training on this scheme on induction and refresher training 6monthly.

A refusals register will be kept on the premises and will be used by all staff to record all refusals to sell alcohol for any reason. The details to be recorded are as follows:

Time, day date of refusal

Item refused

Description of customer

Initials of staff making the entry

Details of ID offered.

The refusals book will be made available for inspection by police and other authorised officers.

The premises will display a proxy notice in a prominent position explaining that it is an offence for adults to purchase alcohol and then supply it to persons under 18

**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)



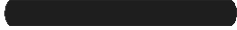




**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li></ul>
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	<ul style="list-style-type: none"> <li>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)</li> </ul>
Signature	 Tony Dales
Date	15 <sup>TH</sup> JULY 2021
Capacity	Licensing Consultant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
			



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 ALL dimensions to be taken from the site and any discrepancies evident  
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 REVISIONS  
 Date: Rev: By:

**AS PROPOSED**  
 SCALE 1:100  
 0 2 4 6 8 10m

LICENSING AREAS  
 CCTV LOCATIONS

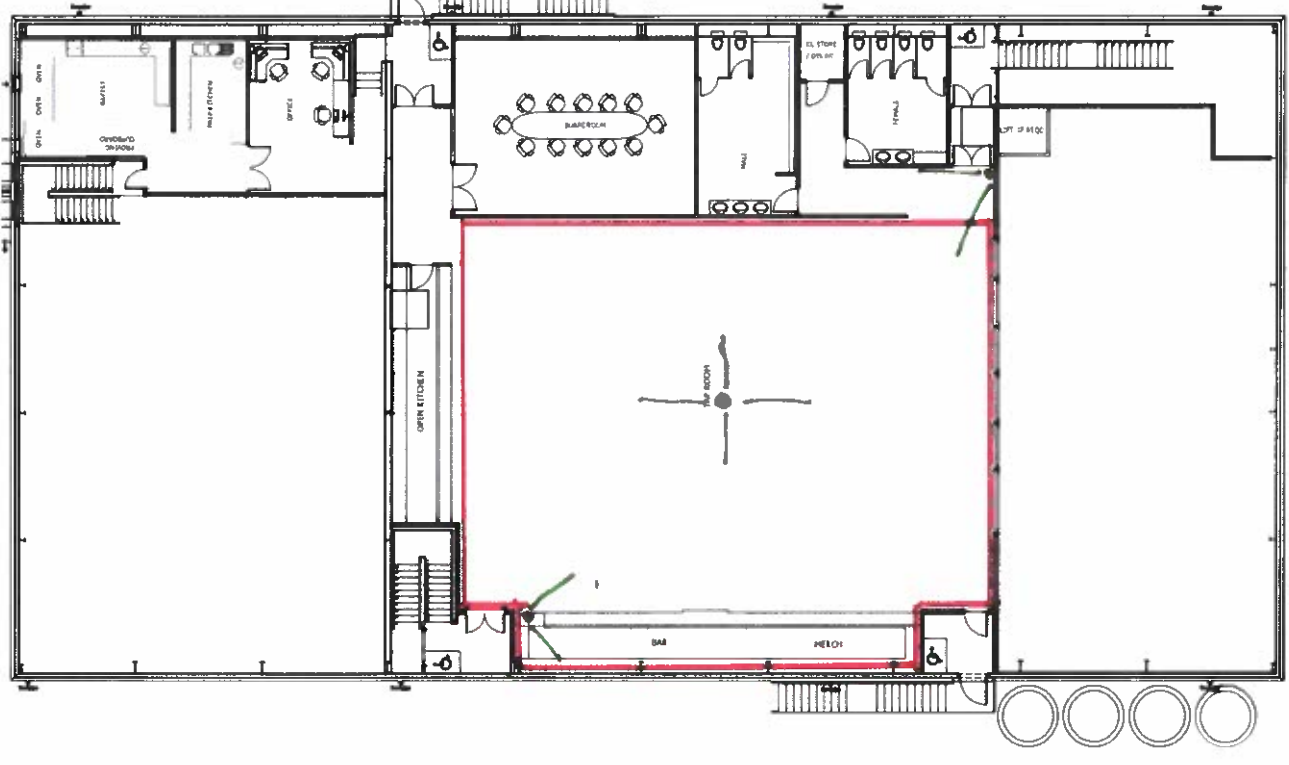


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 Auckland 1010  
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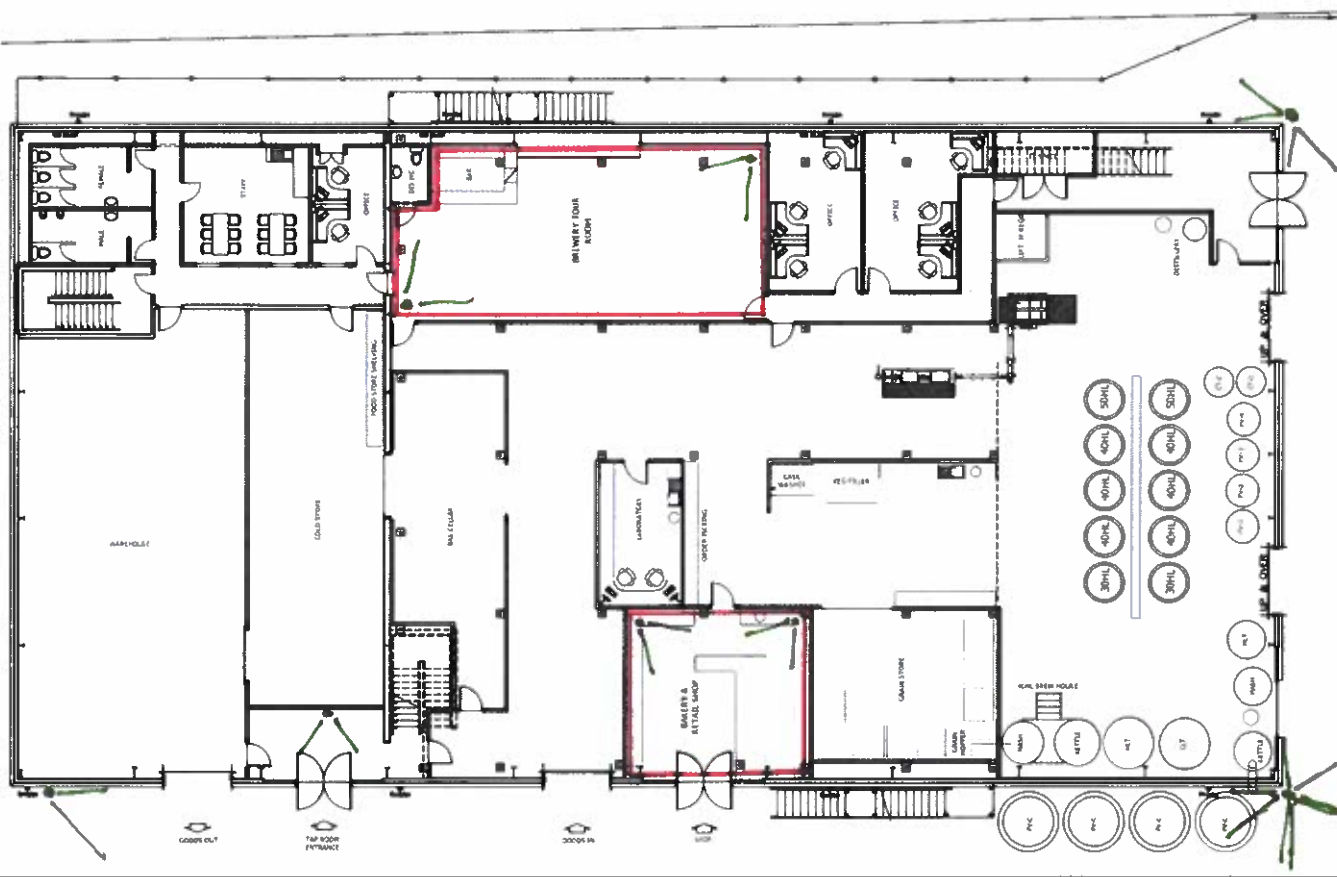
PROJECT  
 Donkeystone Brewery Co  
 Wellington Industrial Park  
 Wellington Road  
 Greenfield, Ockham, QL3 7AQ

as proposed  
 plans

SCALE 1:100 @ A1  
 DATE Oct 2020  
 DRAWN L. Hollnworth  
 CHECKED  
 NUMBER 3864.5  
 EXTENSION



FIRST FLOOR PLAN



GROUND FLOOR PLAN

