

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 GRANDPA GREENE'S UPPERMILL PARK
(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	
WADE ROW UPPERMILL	
Post town	OLDHAM
Postcode	OL3 6BA

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ N/A

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate 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	<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		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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		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)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	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)					
<p>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)</p>					

(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	GRANDPA GREENE'S UPPERMILL LTD
Address	5 WARD LANE DIGGLE CLOHAM OL3 5JT

Registered number (where applicable)	14516316
Description of applicant (for example, partnership, company, unincorporated association etc.)	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
01 04 2023

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)

A SMALL 44 COVER RESTAURANT SITUATED ON THE EDGE OF THE PARK. NO OUTDOOR SEATING. ALCOHOL WILL ONLY BE SERVED TO DINERS IN THE RESTAURANT. WE WILL NOT SERVE DRINKS ONLY. WE WILL ONLY SERVE ALCOHOL WITH FOOD.

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 M

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finis h	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) WE SERVE ALCOHOL (PROSECCO) AS AN OPTION WITH OUR AFTERNOON TEA. THIS WILL BE THE MAJORITY OF OUR ALCOHOL SALES.		
Mon	1100	1900			
Tue	1100	1900			
Wed	1100	1900			
Thur	1100	1900			
Fri	1100	1900			
Sat	1100	1900			
Sun	1100	1900			
			<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)		

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	RICHARD SCHOLES
Date of birth	[REDACTED]
Address	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
Postcode	OL3 5JT
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	OLDHAM

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

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)
Day	Start	Finish	
Mon	09:00	19:00	
Tue	09:00	19:00	
Wed	09:00	19:00	
Thur	09:00	19:00	
Fri	09:00	19:00	
Sat	09:00	19:00	
Sun	09:00	19:00	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)

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)

ALL STAFF WILL UNDERTAKE TRAINING IN THE RELEVANT LICENSING LAWS. ALL RECORDS WILL BE RETAINED. CHALLENGE Q5 ADOPTED AS AGE VERIFICATION POLICY WITH POSTERS & STAFF TRAINING APPLIED.

b) The prevention of crime and disorder

CCTV WILL BE RECORDING AT ALL TIMES. IF FOR ANY REASON IT ISNT WORKING WE WILL EMAIL OLDHAM COUNCIL LICENSING ASAP. THE PREMISES LICENCE HOLDER OR SUPERVISOR WILL ENSURE ALL STAFF UNDERSTAND THE LAW AND THEIR RESPONSIBILITIES

c) Public safety

NO GLASS WEAR PERMITTED OUT OF THE BOUNDARY OF THE PREMISES AND ONTO THE PARK. NOTICES PROMINENTLY AND CLEARLY DISPLAYED INFORMING CUSTOMERS OF THIS. RISK ASSESSMENTS WILL BE CARRIED OUT. HYGIENE STANDARDS WILL BE MET

WITH
OMBC

d) The prevention of public nuisance

STRICT OPENING HOURS. ALCOHOL WILL ONLY BE SERVED ON SITE BETWEEN 11AM - 7PM. STRICTLY NO TAKEAWAY OR DRINKS ONLY TO BE SERVED. CCTV AND STAFF TRAINING MEASURES WILL BE IN PLACE

e) The protection of children from harm

STAFF TRAINING WILL BE CONDUCTED TO ENSURE CHALLENGE 25 IS ADHERED TO. SUFFICIENT STAFF WILL BE ON SITE AT ALL TIMES TO SECURE THE PROTECTION OF CHILDREN AND OTHER CUSTOMERS.

Checklist:

Please tick to indicate agreement

<input type="checkbox"/>	I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	[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).	<input checked="" type="checkbox"/>

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
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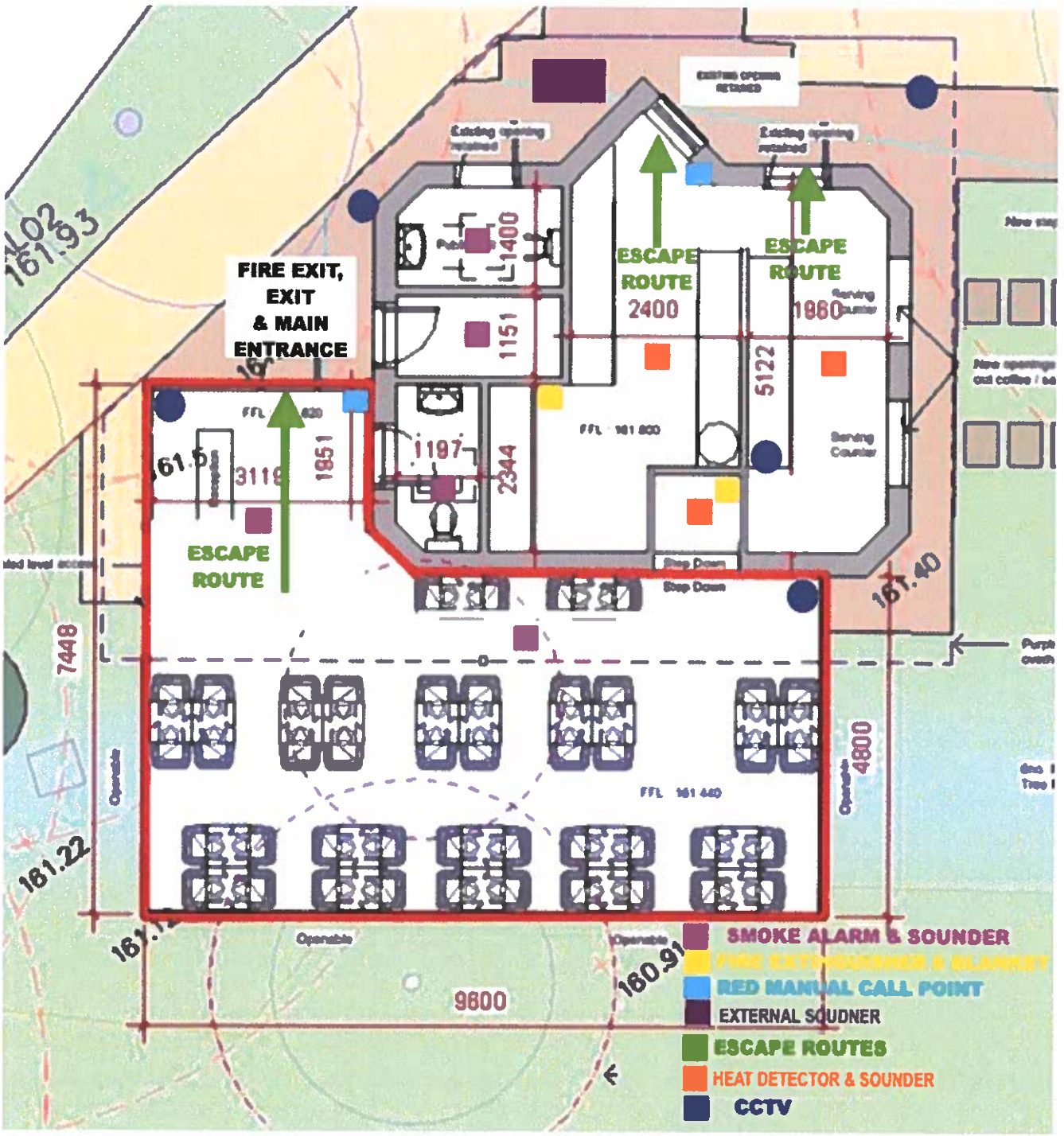
	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of 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	R. W. Scholz.
Date	23/2/2023
Capacity	DIRECTOR

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)</p> <p>[REDACTED]</p> <p>[REDACTED]</p>			
Post town	[REDACTED]	Postcode	[REDACTED]
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>			

Notes for Guidance



**FIRE EXIT,
EXIT
& MAIN
ENTRANCE**

**ESCAPE
ROUTE**

**ESCAPE
ROUTE
2400**

**ESCAPE
ROUTE
1860**

FFL - 161.600

FFL - 161.440

SMOKE ALARM & SOUNDER

FIRE EXTINGUISHER & BLANKET

RED MANUAL CALL POINT

EXTERNAL SOUNDER

ESCAPE ROUTES

HEAT DETECTOR & SOUNDER

CCTV

7448

4800

9600

161.02
161.93

161.22

161.12

160.91

161.40

New steps

New openings out coffee / bar

Purple overh

See Tree 1

Existing opening retained

Existing opening retained

Stop Down

Stop Down

Operable

Operable

Operable

Operable