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	Jac BILLINGTON
apply premi applic	(Insert name(s) of applicant) for a premises licence under section 17 of the Licensing Act 2003 for the ses described in Part 1 below (the premises) and I/we are making this cation to you as the relevant licensing authority in accordance with section 12 c Licensing Act 2003
Part 1	– Premises details
AL	al address of premises or, if none, ordnance survey map reference or description BION FARM SHOP / THE TURKEY SHED BION FARM
DE	DHAM ROAD LPH DHAM, LANCASHIRB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 37,500

OL3 SRQ

Postcode

Part 2 - Applicant details

OLDHAM

Post town

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)	ap	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	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	N	Miss	N	Иs		r Title (for iple, Rev)		
Surname BIL	70 N		First na	mes	JAC			
Date of birth		I am 18	years o	old or ove	r	Please tie	ck y	res
Nationality [3RIT'I	SHI						_
Current residential address if different from premises address	al 4	SAME	,	PAGE			M	PPRESS.
Post town						Postcode		
Daytime contact number	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)								

Mr	Mrs	Miss	1	Иs	Other Title (for example, Rev)	
Surname				First na		
Date of bi	rth		I am 1	8 years	old Ple	ase tick yes
Nationalit	у					
Current re address if from premaddress	different					
Post town					Postcode	
Daytime on number	contact t	elephone				
E-mail ad						
work chec	king serv	if demonstrating rice), the 'share 5 for information	code' pro	o work vi ovided to	a the Home Offic the applicant by	e online right to that service:
ppropriat ther joint	vide nar e please venture	ne and register give any regis	tered nu ody cor	ımber. li	oplicant in full. n the case of a p please give the	artnership or

Registe	ered number (where applicable)	
Descrip	otion of applicant (for example, partnership, company, unincorpo ation etc.)	orated
Teleph	one number (if any)	
E-mail	address (optional)	
Part 3 (Operating Schedule	
When	do you want the premises licence to start?	NM YYYY 082025 U AS Possible
	wish the licence to be valid only for a limited period, do you want it to end?	MM YYYY
TRABATO TO TO TO TO A	Division in the second	CREY SHED IND SPIRITS HE PREMESS SE SOLD THE SHOP ER EVENTS "
at ar	00 or more people are expected to attend the premises by one time, please state the number expected to attend.	2
	licensable activities do you intend to carry on from the premises see sections 1 and 14 and Schedules 1 and 2 to the Licensing	
Prov	vision of regulated entertainment (please read guidance note	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

Α

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 Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for perform (please read guidence note 5)	ing plays
Thur				
Fri			Mon standard timings. Where you intend premises for the performance of plays at to those listed in the column on the left, p	<u>different times</u>
Sat			(please read guidance note 6)	
Sun				

Films Standard days and			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	1
timings (please read guidance note 7)		The second secon	tick (please read guidance note 5)	Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please read) CERTAIN EJENTS A REQUIRE A FILM ME	ad guidance r	note
Tue			REQUIRE A "FILM NO.	D	
Wed			State any seasonal variations for the exhi (please read guidance note 5) XMAS FILMS AT CH		
Thur					
Fri			Non standard timings. Where you intend premises for the exhibition of films at diff those listed in the column on the left, plea	erent times t	t <u>o</u> se
Sat			read guidance note 6)		
Sun					

Lind			
Indoor sporting events Standard days and timings (please read guidance note 7)		s and e read	Please give further details (please read guidance note 4)
Day	Start	Finis h	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (please
Fri			read guidance note 6)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please	Indoors
	s (please nce note		read guidance note 3)	Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for boxing of entertainment (please read guidance note 5)	or wrestling)
Thur				
Fri			Mon standard timings. Where you intend to premises for boxing or wrestling entertain different times to those listed in the column	ment at
Sat			please list (please read guidance note 6)	
Sun				

Live music Standard days and			Will the performance of live music take place indoors or outdoors or both –	Indoors	1
	s (please nce note î		please tick (please read guidance note 3)	Outdoors	
Day	Start	Finis h		Both	
Mon	9:00	22:30	Please give further details here (please read) TRADITIONAL BRASS BACOUSTIC, AMPLIFIED	ad guidance r	note /
Tue	09:00		SINGERS / DITS	00-10-10-1	
Wed	9:06	22:34	State any seasonal variations for the perference (please read guidance note 5) FROM THE COMMENCMENTO OZ:00 HRS ON MAS E	ormance of I	ive APD
Thur	09:00	7 3 :36	TO 02:00 HRS ON MAS B NYG, NEW YEARS DAY	· SA	AS Y
Fri	01:00	01:36	times to those listed in the column on the	ic at differen	<u>t</u> list
Sat	09:00	01:30	(please read guidance note 6)		
Sun	09:00	13:30			

F

			Will the playing of recorded music take place indoors or outdoors or both –	Indoors	1
timings	d days a (please ce note 7	read	please tick (please read guidance note 3)	Outdoors	
	1	Finis		Both	1
Day	Start	h	in the colored fe	ad guidance	note
Mon	09:00	22:36	Please give further details here (please read guidance note 4) CD'S DT'S RADTO, STREMING.		
Tue	07:00	21:30	1		-dad
Wed	69:00		music (please read guidante	TRADEN	9
Thur	09:00	13:3	NYP NEW YPARS I	AM.	.,
Fri	07:61	01:3	Non standard timings. Where you intenpremises for the playing of recorded mutimes to those listed in the column on the (please read guidance note 6)		
Sat	09:0	0 01:3	(piease read guidantes		
Sun	09:0	0 23:3	86		

G

Performances of dance			Will the performance of dance take place indoors or outdoors or both –	Indoors	
timings	rd days a (please r ce note 7)	nd read	please tick (please read guidance note 3)	Outdoors	1
Day	Start	Finis h		Both	oote
Mon			Please give further details here (please red) 41TP ADITION AL FOLK DAN	U	
Tue			NO PERFORMANCES OF	ED.	<i>-</i>
Wed			State any seasonal variations for the perdance (please read guidance note 5)	ormance of	
Thur	69:08	73:30			
Fri	09:00	2330	to those listed in the column on the left,	t different th	<u>nes</u>
Sat	970	2330	(please read guidance note 6)		
Sun	69,00	23:30			

Н				toioment VOU	will
similar to that (e), (f) Standa timings	ng of a descrip falling vor (g) and days a (please ce note)	within and read	Please give a description of the type of enterbe providing LIVE MUSIC, BRASS BF FOLK DANCING.	ANDS /	
Day	Start	Finis h	Will this entertainment take place indoors or outdoors or both – please	Indoors	
Mon	09:08	2130	tick (please read guidance note 3)	Both	1
Tue	69:00	U:3)	Please give further details here (please read)	ad guidance r	ote
Wed	09:00	21:3			
Thur	69:00	23:30	- I midanco note hi	71. 1-2	
Fri	09.20	01:30	(please read guidance note of XMAS BUE, XMAS DO NYE & MEW YEARS D UNTILL 02:00 HRS.		
Sat	09:06	0(30	Non standard timings. Where you intend	times to tho	
Sun	09:00	73.3	y		

	Frankmant		Will the provision of late night refreshment take place indoors or	Indoors	_
Standar timings	tandard days and out		outdoors or both – please tick (please read guidance note 3)	Outdoors	
Day	Start	Finis		Both	-10
Mon			Please give further details here (please rea	nd guidance n	ote
			4)		
Tue					
Wed			State any seasonal variations for the provinght refreshment (please read guidance no	ision of late ote 5)	
Thur			NA		
			Where you intend	to use the	
Fri	23:00	01:30	different times, to those listed in the colu	resnment at	<u>t,</u>
Sat	73:0	001:30	please list (please read guidance note 6)		
Sun	73-0	061:01	N/A		
	25.0	70, 30			

J

Supply of alcohol		1 1	Will the supply of alcohol be for consumption – please tick (please read	On the premises	_
Standard d timings (ple guidance n	ease re	ad	guidance note 8)	Off the premises	_
Day Sta	art F	inis		Both	_
Mon 092	n	230	State any seasonal variations for the suproplement (please read guidance note 5) PROM THE COMPNEURNT OF TO	CHOTILE	!
Tue 09	200 2	1:38	TO 02:00 HZS ON XMAS XMAS DAY NEW YBARS	BUSI	
Wed 09	1:00	[z:30	NEW YEARS DAY		
Thur 0	1:00	K 3:30	Non standard timings. Where you intend premises for the supply of alcohol at difference listed in the column on the left, please note 6)		e se
Fri 0	9:00	01:30	read guidance note 6)		
Sat C	×4:00	01-30			
Sun	9:00	23:30	<u> </u>		

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):

LINGTON
PA3489.
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).

THERE WILL BE NO ADULT ENTERTAINMENT PERMITTED ATION THE PREMISES.

L

_			and guidance note
open to Standa timings	premises o the put rd days a c (please ce note 7	olic and read ()	State any seasonal variations (please read guidance note 5) FROM COMENGEMENT OF TRADENY TO 02:30 HRS. ON XMAS BUE, XMAS DAY, NEW YEARS EVE,
Mon	09:00	53:00 p	NEW YEARS DAY.
Tue	09:00	13:00	
Wed	09:00	73:00	Non standard timings. Where you intend the premises to be open to the public at different times from those listed
Thur	09:60	25.00	in the column on the left, please list (please read guidance note 6)
Fri	09:00	02:00	
Sat	09-20	02.0	Ò
Sun	04.00	05-00)

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

THE RREMESIS. WILL HAVE REGARD. TO ALL LICENCENG OBJECTEURS. PLEASE SEE DETAILED ATTATMENT.

b) The prevention of crime and disorder

CCTV, CLBAR STENAGE, NO TOLERADUS.

PLEASE SEE ATTACHED

c) Public safety

CCTV, FULLY TRAINED STAFF, CLEAR SINAGE AND UDERSTANENG OF ANTI-SOCIAL BEHAVIOURS. PLEASE SEE ATTATCHED

d) The prevention of public nuisance

CLEAR CLOSING TIMES TO THE PUBLIC, NOISE REPUCTION TIME LIMITS, CLEAR STEWAGE, FULLY TRAINED STAFF. PLEASE SEE ATTATCHED.

e) The protection of children from harm

CHALLENGE 25 POLICY. CLEAR STONAGE FULL STAFF TRAINING.

PLEASE SEE ATTATCHED

Checklist:

Che	cklist: Please tick to indicate agreer	nent
•	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	1
-	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	[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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online right to work checking service which committee them to work (please see note 15) Signature Date OF 108 / 2025 Capacity GENERAL MANAGER For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the		
the UK (and is not subject to conditions preventing 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 O7 / O8 / 2025 Capacity CENERAL MANAGE2 For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or othe 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		the UK (please read guidance note 15).
Date O 7 / 08 / 2025 Capacity GENERAL MANAGER For joint applications, signature of 2 nd applicant or 2 nd 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		the UK (and is not subject to conditions preventing rim of 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
Capacity GENERAL MANAGER For joint applications, signature of 2 nd applicant or 2 nd 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	Signature	Or
For joint applications, signature of 2 nd applicant or 2 nd 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	Date	07/08/2025
For joint applications, signature of 2 nd applicant or 2 nd 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	Capacity	GENERAL MANAGER
Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode	authorised agapplicant, plea	ent (please read guidance note 13). If signing on benall of the
Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode	Signature	
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode	Date	
associated with this application (please read guidance note 14) Post town Postcode	Capacity	
· cotto	Contact nam associated w	e (where not previously given) and postal address for correspondence ith this application (please read guidance note 14)
Telephone number (if any)	Post town	Postcode
	Telephone n	umber (if any)

Albion Farm Café / Bar.

Steps to promote all four licensing objectives.

Prevention of Crime and Disorder:

- CCTV system installed at the premises. The CCTV system shall function fully during all hours that a licensable activity takes place on the premises.
- Recorded CCTV images show customers entering the premises, customers at the alcohol displays and clear uninterrupted facial images of customers at the point(s) of sale.
- Signage clearly and prominently displayed at the entrance to store clearly stating CCTV in Operation.
- CCTV equipment maintained in good working order. If the CCTV system is not working
 no retail sales of alcohol are permitted until such times as the CCTV system is working.
- The images recorded by the CCTV system retained in unedited form for a period of not less than 28 days and images produced to The Police and authorised officers of OMBC upon request. The CCTV system has a real time viewing facility (Monitor or Lap Top).
- In the event that staff are unable to immediately download the images the premises licence holder will ensure the images are produced to The Police / Authorised Officers no later than 72 hours after the request has been made.
- The Police or Authorised Officers of OMBC given immediate access to inspect the CCTV equipment and view images on site.
- The Police and Authorised Officers of OMBC given immediate access to till receipts, sales legers and any other document relevant to retail sales of alcohol at the premises immediately upon request.
- · Any incidents of criminality will be reported immediately to The Police.

Public Safety:

- · Fire exits will be clearly signed.
- Fire evacuation notices clearly and prominently displayed.
- Fire exits kept clear of obstructions at all times.
- Fire extinguishers placed within the premises.
- Electrical / Gas Certification in date at all times.
- Public liability insurance certificate valid, in date and produced to Responsible Authorities upon request.
- · First aid kit on site. Staff trained in first aid.

Prevention of Public Nuisance:

- Any noise emanating from within the premises will be inaudible at the nearest noise sensitive property.
- Signage placed in a clear and prominent position advising Patrons to leave quietly and respect any neighbouring properties.
- There shall be no use of any external drinking area after 00:00hrs. Except for persons wishing to smoke.

Protection of Children from Harm:

- Challenge 25 policy effective at the premises.
- Clear signage displayed at the premises to inform customers that Challenge 25 policy operates at the premises.
- All staff will receive training in relation to the sales of alcohol, age restricted products, Challenge 25 and the prevention of proxy sales. Quarterly documented knowledge checks to be implemented.
- Written records of all training provided in respect of the law relating to underage sales of alcohol will be kept on site. Staff will sign and date records to confirm that the training has been received and understood.
- Driving Licences or Passports are the only acceptable forms of I.D.
- An alcohol sales refusals log kept and made available to The Police and Authorised Officers of OMBC upon request.
- Children will only be permitted in the area where retail alcohol sales take place if accompanied by a responsible person. The responsible person must be over the age of 18

