

00057S

27 FEB 2018

# APPENDIX A

## 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 Red Funnel Group

(Insert name(s) of applicant)

apply for a premises license 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			
Red Funnel Terminal Steam Coffee Company Fountain Yard West Cowes I.W			
Post town	West Cowes	Postcode	PO31 7AR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£335,000



## Part 2 - Applicant details

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

- |                                                                                                                                                                         |                                     |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| 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                                                                                                                       | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body                                                                                                                                                | <input type="checkbox"/>            | 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                                          | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales                                                                                                   | <input type="checkbox"/>            | 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 | <input type="checkbox"/> |
| I am making the application pursuant to a                                                                                 |                          |
| ▪ statutory function or                                                                                                   | <input type="checkbox"/> |
| ▪ a function discharged by virtue of Her Majesty's prerogative                                                            | <input type="checkbox"/> |



**(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 <input type="checkbox"/> 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>					

**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>					
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

Disclosure of convictions and civil immigration penalties and declaration  
Return form to: Licensing Section, Jubilee Stores, The Quay, Newport, Isle of Wight, PO30 2EH



### (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: Red Funnel Group
Address  Red Funnel Terminal Steam Coffee Company Fountain Yard West Cowes I.W
Registered number (where applicable)  2404
Description of applicant (for example, partnership, company, unincorporated association etc.)  Ferry Travel Company
Telephone number (if any) 02380 248579
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	1	0 4 2 0 1 8

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
D	D	D D D D D D D D

Please give a general description of the premises (please read guidance note 1)

Coffee shop within the main terminal building.



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**



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



**C**

<b>Indoor sporting events</b> 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			<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)
Thur			
Fri			
Sat			
Sun			







**E**

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



**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 – <u>please tick</u> (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			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					



**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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed			<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)		
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><u>Will this 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"/>
Mon				
Tue				
Wed				
Thur			<b><u>Please give further details here</u></b> (please read guidance note 4)	
Fri				
Sat			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)	
Sun				
			<b><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></b> (please read guidance note 6)	



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	Yes <input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)  Vending machine operations for Hot drinks and snacks.	Both	<input type="checkbox"/>
Tue					
Wed				<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)	
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**

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	09:00	23:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  23:00 – 09:00 for I.W festival and Cowes Week periods.	Both	<input checked="" type="checkbox"/>
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00	<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)  From 23.00 hrs on Thursday of the Isle of Wight Festival to 05.00hrs on Monday morning each year.  From 23.00 hrs on 1st Saturday of Cowes Week to 05.00hrs on 2nd Saturday morning each year		
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	10:00	23:00			



**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 Justin Michael Ferdyn	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) IW 019603	
Issuing licensing authority (if known) Isle Of Wight County 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**

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	05:30	23:30	<p><b>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</b> (please read guidance note 6)</p> <p>Opening hours during Isle of Wight Festival and Cowes Week to coincide with non standard timing for supply of alcohol</p>
Tue	05:30	23:30	
Wed	05:30	23:30	
Thur	05:30	23:30	
Fri	05:30	00:30	
Sat	06:00	00:30	
Sun	06:30	23:30	



**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)**

Operate a challenge 25 policy.  
-Ensure staff are trained and vigilant.  
-Prevent anti social and disorderly behaviour.

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

Refuse sales to anyone under the age of 18, and record reasons in the log book.  
-Refuse sales to anyone who is intoxicated.  
-Prevent the use of illegal substances.  
-CCTV operation.  
- Comply with all licensing legislation.  
-Work closely with the local police authority.

**c) Public safety**

-As above.  
-Security staff employed at weekends and special events.  
-Regularly maintain and check lighting, fixtures, fittings and electrical items.  
-Environmental health audits.



**d) The prevention of public nuisance**

Display clear signage requesting our guests be respectful of our neighbours and the surrounding environment.

-Customers will not be admitted to premises outside of opening hours.

-The movement of bins and rubbish outside the premises will be kept to a minimum after 11.00pm. This will help to reduce the levels of noise produced by the premises.

-Any lighting on or outside the premises will be positioned and screened in such a way to not cause a disturbance to nearby residents.

Adequate waste receptacles for use by customers will be provided in the local vicinity.



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

Operate Challenge 25 policy.

- Ensure staff are well trained and vigilant about the requirements of identification.
- Ensure we comply with all existing Health and Safety requirements.

**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 (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.**

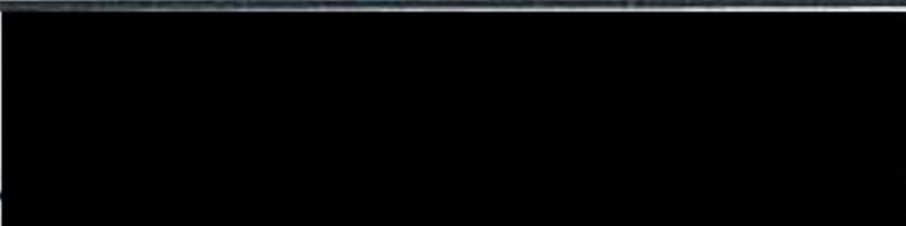
Disclosure of convictions and civil immigration penalties and declaration

Return form to: Licensing Section, Jubilee Stores, The Quay, Newport, Isle of Wight, PO30 2EH



**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> <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, if appropriate (please see note 15)</li> </ul>
Signature	
Date	20.02.2018
Capacity	Food & Beverage Resource Manager

**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)

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.