



Isle of Wight Council

Application for a premises licence

Confirmation of acceptance of terms and conditions		<input checked="" type="checkbox"/> I confirm that I have read and accept the terms and conditions detailed above
Select a Licence fee		GBP £100.00 - Band A licence fee
Selected Licence fee		
Name		Band A licence fee
Text		For premises with no rateable value to £4,300
Price (in pounds)		£100.00

Part 1 - Premises details

I/We, being the premises licence holder, 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 (Insert name(s) of applicant)	
Mrs rae Lillian weldon rawlins	
Building or house name or number	The lazy wave cafe
Street address	Unit 2a esplanade
Town or city	Shanklin
County	Isle of Wight
Postcode	Po376bn
If no postal address provide the ordnance survey map reference or description	
Phone number at premises (if any)	
Email	
Non-domestic rateable value of premises	1696.60

Part 2 - Applicant details

State whether you are applying for a premises licence as:	a) an individual or individuals
If you are applying as a person described in (a) or (b) confirm (by ticking one box):	<input type="checkbox"/> I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

Individual applicants

Title	Mrs
First name	Rae

Last name	Rawlins
Date of birth (dd/mm/yyyy)	████████
I am 18 years old or over	<input type="checkbox"/> Yes
Nationality	White British
Is your current residential address different from the premises address?	<input type="checkbox"/> Yes
Building or house name or number	██████████
Street address	██████████
Town or city	██████
County	██████
Postcode	██████
Email	████████████████████
Phone	██████████
Is there a second individual applicant?	<input type="checkbox"/> No

Part 3 - Operating schedule

When do you want the premises licence to start?	01/08/2023
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Give a general description of the premises (read guidance note 1)	Beach front cafe with outside seating surrounded by a wall boundary. situated next to the slipway.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend.	
Provision of regulated entertainment (read guidance note 2)	<input type="checkbox"/> a - Plays <input type="checkbox"/> b - Films <input type="checkbox"/> c - Indoor sporting events <input type="checkbox"/> d - Boxing or wrestling entertainment <input type="checkbox"/> e - Live music <input type="checkbox"/> f - Recorded music <input type="checkbox"/> g - Performances of dance <input type="checkbox"/> h - anything of a similar description to that falling within (e), (f) or (g)
Provision of late night refreshment	<input type="checkbox"/> No
Supply of alcohol	<input type="checkbox"/> Yes

Part 3 - Operating schedule (continued)

J - Supply of alcohol

Standard days and timings (read guidance note 7)		
Day	Start time	End time
Monday	10.00	21.00
Tuesday	10.00	21.00
Wednesday	10.00	21.00
Thursday	10.00	21.00
Friday	10.00	21.00
Saturday	10.00	21.00
Sunday	10.00	21.00
Will the supply of alcohol be for consumption (read guidance note 8)?		On the premises
State any seasonal variations for the supply of alcohol (read guidance note 5)		
List non standard timings where you intend to use the premises for the supply of alcohol at different times from those listed in the column above (read guidance note 6)		
Name		Rae Lillian weldon rawlins
Date of birth (dd/mm/yyyy)		██████████
Building or house name or number		██████████
Street address		██████████
Town or city		██████
County		██████
Postcode		██████
Personal licence number (if known)		██████████
Issuing licensing authority (if known)		Tandridge district council

K

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 (read guidance note 9) (put none if that is the case)	None
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L - Hours premises open to the public

Standard days and timings (read guidance note 7)		
Day	Start time	End time
Monday	10.00	21.00
Tuesday	10.00	21.00
Wednesday	10.00	21.00

Thursday	10.00	21.00
Friday	10.00	21.00
Saturday	10.00	21.00
Sunday	10.00	21.00

State any seasonal variations (read guidance note 5)	
List non standard timings where you intend the premises to be open to the public at different times from those listed in the column above (read guidance note 6)	

M - Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b,c,d,e) (read guidance note 10)	Alcohol sales are to be an addition to current menu in place and not as a main form of revenue. Reasonable daylight opening hours.
b) The prevention of crime and disorder	24 hour cctv in operation and signs stating this. Only open during daylight hours. Zero tolerance policy to anti social behaviour.
c) Public safety	Adequate lighting and exits where needed. Fire risk assessment and procedure in place, with fire resistant booth seating.
d) The prevention of public nuisance	Zero tolerance policy in place for anti social behaviour. No smoking signs on premises. Waste removal service in place.
e) The protection of children from harm	Will be operating a challenge 25 policy for age verification. Glass to be avoided when possible. Children are to be accompanied by an adult on premises at all times. No adult entertainment in place.

Attach documents

Attached files	<ul style="list-style-type: none"> Rae-rawlins-passport.png Rae-personal-licence.JPG Handwritten-consent-form.pdf Lazy-Wave-Plan.pdf
Checklist (tick to indicate agreement)	<input checked="" type="checkbox"/> I have attached the plan of the premises. <input checked="" type="checkbox"/> I have attached the consent form completed by the individual I wish to be designated premises supervisor, if applicable. <input checked="" type="checkbox"/> I understand that I must now advertise my application (contact the Licensing Department to discuss this if you are not aware of the legal requirements in respect of this) <input checked="" type="checkbox"/> I understand that if I do not comply with the above requirements my application will be rejected <input checked="" 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 (read note 15).

Part 4 - Signatures (read guidance note 11)

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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 (read guidance note 15)

<input type="checkbox"/> I agree

The Designated Premises Supervisor (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 (read guidance note 15)


<input type="checkbox"/> I agree

I confirm I am the holder of the Premises Licence or their solicitor/agent	<input type="checkbox"/> Yes
Enter Name as an electronic signature	Rae rawlins
Capacity (confirm your capacity to provide an electronic signature if required, e.g. solicitor or Director if a limited company)	Owner of business
Is the licence jointly held?	<input type="checkbox"/> No

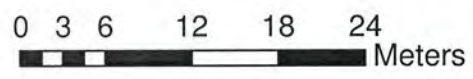
Contact name and address for correspondence associated with this application (if different to the applicant details provided in Part 2)

Name	
Building or house name or number	
Street address	
Town or city	
County	
Postcode	
If you would prefer us to correspond with you by e-mail, your e-mail address	[REDACTED]
Phone	[REDACTED]

Submitting your form

Reference number	iw23/6/40122
Date of submission	22 Jun 2023
Payment reference number	23C8CM97GXPH
Link to payment receipt	 Payment Receipt

Lazy Waves Cafe Lease Plan - Shanklin Esplanade [Scale 1:500]



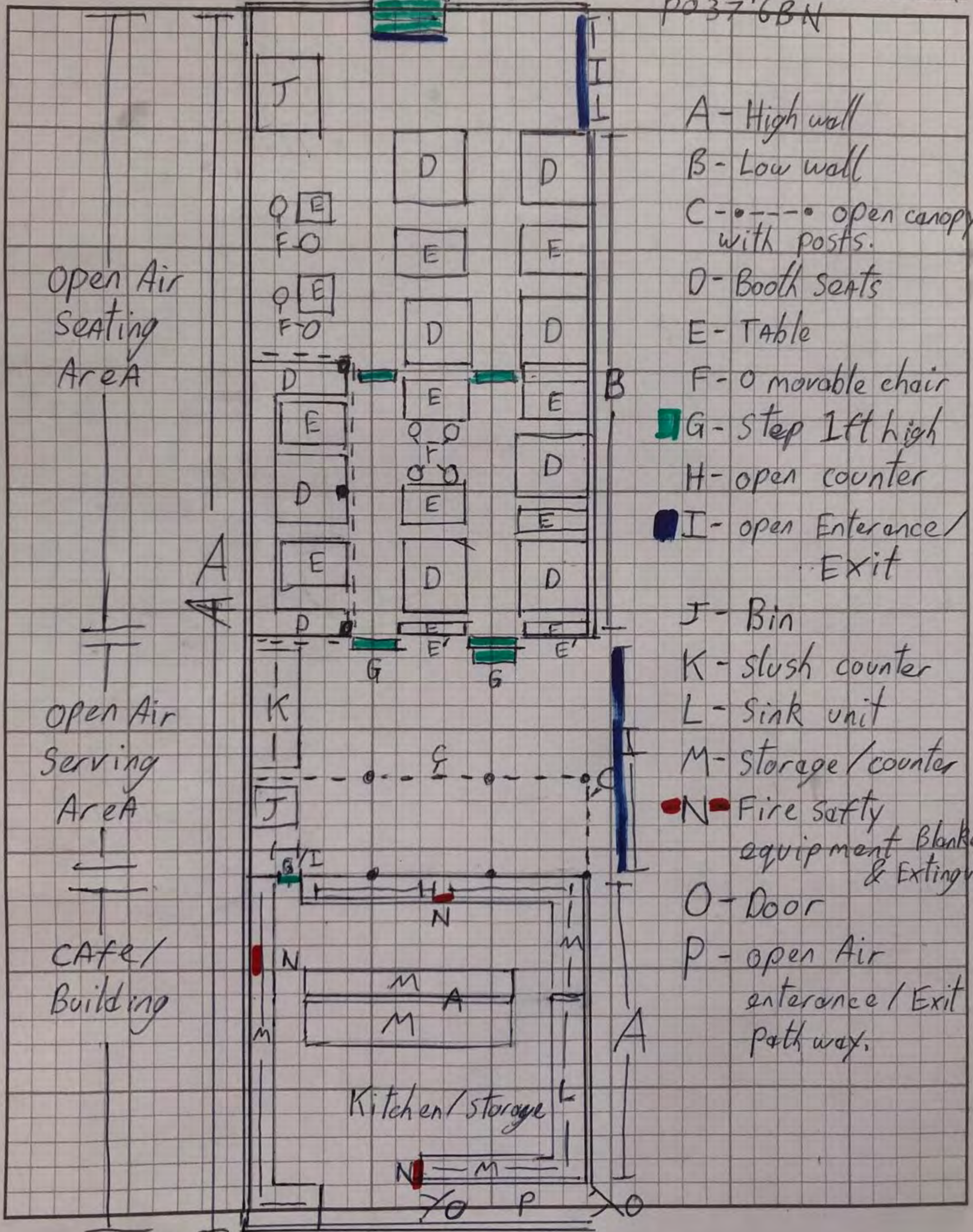
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Mrs Rae Rawlins 23/6/23

Floor Plan Scale 1:90 (1cm = 3feet)

EEWeb

TITLE	The Lazy Wave cafe,	
NAME	unit 2A Esplanade, Shanklin,	DATE
	PO376BN	



- A - High wall
- B - Low wall
- C - - - - - open canopy with posts.
- D - Booth seats
- E - Table
- F - O movable chair
- G - Step 1ft high
- H - open counter
- I - open Entrance/Exit
- J - Bin
- K - slush counter
- L - Sink unit
- M - Storage/counter
- N - Fire safety equipment Blanket & Extinguishers
- O - Door
- P - open Air entrance/Exit pathway.

Open Air Seating Area

Open Air Serving Area

Cafe/ Building

Kitchen/storage

A