



**LICENSING ACT 2003**

**APPLICATION**

**FOR THE GRANT OF A**

**PREMISES LICENCE**

**NOTIFICATION**

*Information held by Torbay Council complies with and is held in accordance with the UK Data Protection Act 1998. The information that you provide on this form will only be used for this application form and will only be disclosed where necessary under any applicable legislation.*

*Information may also be shared for the prevention and detection of crime, for example with the police and other agencies as required by law, such as the Audit Commission under the National Fraud Initiative data matching exercise.*

*You have a right of access to your personal information. If you wish to access your personal information or exercise any of your rights under the legislation then please contact Torbay Council's Information Governance team on 01803 20 7467. Further information can be found on the Information Governance pages on Torbay Council's Internet site at, [www.torbay.gov.uk](http://www.torbay.gov.uk)*

**Completed forms should be returned to:**

**Environmental Health Manager (Commercial)**  
**Torbay Council**  
**Community Safety**  
**C/O Torquay Town Hall**  
**Castle Circus**  
**Torquay**  
**TQ1 3DR**

**Contact Details:**

**Tel: 01803 208025**

**Web: [www.torbay.gov.uk](http://www.torbay.gov.uk)**

**Email: [licensing@torbay.gov.uk](mailto:licensing@torbay.gov.uk)**



**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** Simon George DeVey

*(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 <b>Geo Park Café</b> <b>The Esplanade</b>			
<b>Post town</b>	Paignton	<b>Postcode</b>	<b>TQ4 6ED</b>

Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	<b>£30,750</b>

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |    |   |                                     |                             |
|----|---|-------------------------------------|-----------------------------|
| a) | an individual or individuals *                  | <input checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual *             | <input type="checkbox"/>            |                             |
|    | i. as a limited company                         | <input type="checkbox"/>            | please complete section (B) |
|    | ii. as a partnership                            | <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  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:

Please tick yes

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> DeVey			<b>First names</b> Simon George		
<b>Date of Birth</b> [REDACTED] over		I am 18 years old or <input checked="" type="checkbox"/> Please tick yes			
<b>Nationality</b> British					
Current residential address if different from premises address		[REDACTED]			
Post town	Torquay			Postcode	[REDACTED]
<b>Daytime contact telephone number</b>		[REDACTED]			
<b>E-mail address (optional)</b>	geoparkcafepaignton@gmail.com				

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Cafe with enclosed, seated decked area of approximately 8 tables of 4.  
We wish to provide the sale of alcohol to customers of the cafe to be sold and consumed within our licensed area.  
There is no seating inside the cafe, there is a kitchen. All seating is outside in our decked area.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment** (please read guidance note 2)

Please tick any 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

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play 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			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Wed					
Thur			<b><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></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><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)	On the premises	X <input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	11:00	20:00			
Tue	11:00	20:00			
Wed	11:00	20:00			
Thur	11:00	20:00			
Fri	11:00	20:00			
Sat	11:00	20:00			
Sun	11:00	20:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name Alexander Ibell	
Date of Birth	[REDACTED]
[REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) PA3813	
Issuing licensing authority (if known) Torbay 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).**

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	20:30	<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)
Tue	08:00	20:30	
Wed	08:00	20:30	
Thur	08:00	20:30	
Fri	08:00	20:30	
Sat	08:00	20:30	
Sun	08:00	20:30	

**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)**

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

All staff will be trained in their responsibilities in accordance with the Licensing Act 2003. In particular in relation to the sale of alcohol.

There will be a manager on site who is experienced and aware of how to deal with any issues and support other staff should any unexpected disorder arise.

A CCTV system capable of providing images of an evidential standard, shall operate throughout the times that the premises are open to the public. All recordings shall be kept for a minimum of 30 days and copies of recordings shall be supplied the Police as soon as practicable or at the latest within 7 days.

Food will be available at all times the premises is open.

**c) Public safety**

The Geo Park Cafe is contained within a fenced area where signage has been put in place, informing customers that alcoholic beverages must not be removed from the site.

All drinks will be served in plastic/polycarbonate receptacles.

No glass will be available or used.

**d) The prevention of public nuisance**

Waste receptacles in our outside area are provided for customers to dispose of any rubbish.

The premises has a waste contract in place.

All waste is stored in bins with lockable lids and they are regularly collected.

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

The premises shall operate a Challenge 25 Policy and any individual who appears to be under the age of 25 will be required to produce an approved form of photographic ID as outlined within the Torbay Council Licensing Statement of Principles.

Challenge 25 posters shall be prominently displayed within the premises.



**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- 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. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
  
- [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). X

**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> <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	<i>Simon DeVey</i>