

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes ☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Nigel

* Family name

Poole

* E-mail

nigelpoole57@live.co.uk

Main telephone number

007766467766

Include country code.

Other telephone number

01214068694

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ Applying as a business or organisation, including as a sole trader
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House?

☒ Yes ☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

4418234

Business name

Chandlers Grande Brasserie Ltd

If your business is registered, use its registered name.

VAT number

GB

787673560

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☒ An individual or individuals
- ☐ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales

Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

☒ Yes ☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Nigel

Family name

Poole

Is the applicant 18 years of age or older?

☒ Yes ☐ No

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Current Residential Address

Is the address the same as (or similar to) the address given in section one?

☒ Yes

☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name	SKIDDAW
Street	Fox Hill Rd
District	
City or town	Sutton Coldfield
County or administrative area	West Midlands
Postcode	B75 6NZ
Country	United Kingdom

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

☒ Yes

☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail	nigelpoole57@live.co.uk
Telephone number	007766467766
Other telephone number	01214068694
* Date of birth	08 / 03 / 1951 dd mm yyyy
* Nationality	British
Right to work share code	

Documents that demonstrate entitlement to work in the UK

Right to work share code if not submitting scanned documents

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? 10 / 06 / 2019
dd mm yyyy

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

Provide a general description of the premises

Continued from previous page...

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.

Bistro and cafe situated in a recreational park in the centre of Lichfield. Single story purpose built catering unit with small indoor seating area and outside decking and Patio.

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

See guidance on regulated entertainment

Will you be providing plays?

☐ Yes

☒ No

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PROVISION OF FILMS

See guidance on regulated entertainment

Will you be providing films?

☐ Yes

☒ No

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PROVISION OF INDOOR SPORTING EVENTS

See guidance on regulated entertainment

Will you be providing indoor sporting events?

☐ Yes

☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

☐ Yes

☒ No

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PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

☐ Yes

☒ No

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PROVISION OF RECORDED MUSIC

See guidance on regulated entertainment

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Will you be providing recorded music?

☐ Yes ☒ No

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PROVISION OF PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing performances of dance?

☐ Yes ☒ No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes ☒ No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes ☒ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☐ Yes ☐ No

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children



Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

none

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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	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) THE BISTRO IS ONLY OPEN FOR 3-4 DAYS IN WINTER WITH REDUCED OPENING HOURS.		
Mon	11am	6pm			
Tue	11am	6pm			
Wed	11am	6pm			
Thur	11am	6pm			
Fri	11am	6pm			
Sat	11am	6pm			
Sun	11am	6pm	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 (please read guidance note 6) NONE		

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	NICKA ANNE POORE	
Date of b		
Address		
Personal licence number (if known)	1084511	
Issuing licensing authority (if known)	B'ham City Council	

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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

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Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	9.30	6.30
	am	pm
Tue	9.30	6.30
	am	pm
Wed	9.30	6.30
	am	pm
Thur	9.30	6.30
	am	pm
Fri	9.30	6.30
	am	pm
Sat	9.30	6.30
	am	pm
Sun	9.30	6.30
	am	pm

State any seasonal variations (please read guidance note 5)

THE BISTRO (CAFE) ~~AND RESTAURANT~~
ARE OPEN 3-4 DAYS
DURING WINTER MONTHS
AND FINISH TIME WOULD
BE REDUCED TO 4 PM

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)

NONE

