

**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 Relax coffee lounge LTD

(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			
Relax Coffee Lounge LTD			
9–9a South Street			
Dorchester			
DT1 1BN			
Post town	Dorchester	Postcode	DT1 1BN
Telephone number at premises (if any)		01305819293	
Non-domestic rateable value of premises		£49,750	

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

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
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Surname Rowbotham		First names Mathew	
Date of birth [REDACTED]		<input type="checkbox"/> Please tick yes	
I am 18 years old or over			
Nationality British			
Current residential address if different from premises address		[REDACTED]	
Post town	[REDACTED]	Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]	
E-mail address (optional)	N/A		

(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	RELAX COFFEE LOUNGE LTD.
Address	9 + 9A TUDOR ARCADE SOUTH STREET. DORCHESTER DT1 1BN.
Registered number (where applicable)	* 12433279
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY.
Telephone number (if any)	01305 819 293.
E-mail address (optional)	COFFEE@RELAXCOFFEELOUNGE.CO.UK.

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	7	052021

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

DD	MM	YYYY

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

Cafe/Restaurant/Lounge

80+ covers

Serving Hot and cold meals

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

N/A

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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed					
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)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)			
Thur						
Fri			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 (please read guidance note 6)			
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Fri			
Sat			
Sun			
			<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> (please read guidance note 6)

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

E

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

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 – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)					
Mon								
Tue								
Wed						<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur								
Fri						<u>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</u> (please read guidance note 6)		
Sat								
Sun								

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<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> (please read guidance note 6)		
Sun					

I

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

J

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) N/A		
Mon	11am	23.00			
Tue	11.00	23.00			
Wed	11.00	23.00			
Thur	11.00	23.00			
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	22.00			
			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)		
			N/A		

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	PHILIA HOWLETT.	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	BOP_M005000	
Issuing licensing authority (if known)	BOROUGH OF POOLE	

□□□□

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).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	N/A
Mon	7:30	23:00	
Tue	7:30	23:00	
Wed	7:30	23:00	
Thur	7:30	23:00	
Fri	7:30	23:00	
Sat	7:30	23:00	
Sun	8:00	22:00	
			<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> (please read guidance note 6)
			N/A

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)

ENSURE ALL TEAM MEMBER REQUEST PHOTOGRAPHIC I.D IF THEY LOOK 25 OR YOUNGER! PROOF AGE SCHEME IN PLACE.

b) The prevention of crime and disorder

- C.C.T.V IN OPERATION AT ALL TIMES.
- ALCOHOL TO BE CONSUMED ON PREMISES
- PROOF OF AGE SCHEME IN PLACE
- INCIDENT BOOK ON PREMISES
- NO IRRESPONSIBLE PROMOTIONS.

c) Public safety

- ENSURE COFFEE LOUNGE NOT OVER CAPACITY.
- C.C.T.V IN OPERATION
- ACCIDENT REPORTING BOOK ON SITE.
- STAFF TRAINED IN SAFETY MEASURES.

d) The prevention of public nuisance

- SIGNS TO ADVISE CUSTOMERS TO LEAVE THE PREMISE QUIETLY
- BINS PROVIDED, AS NECESSARY
- KEEP DOORS SHUT - TO REDUCE NOISE IMPACT

e) The protection of children from harm

- PROOF OF AGE SCHEME IN PLACE .
 - NO GAMING MACHINES
 - TEAM FULLY TRAINED IN PROOF OF AGE SCHEME
 - SIGNAGE IN PLACE .

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.

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	<ul style="list-style-type: none"> • [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). • 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)
Signature	
Date	30.03.21
Capacity	STORE MANAGER (DPS)

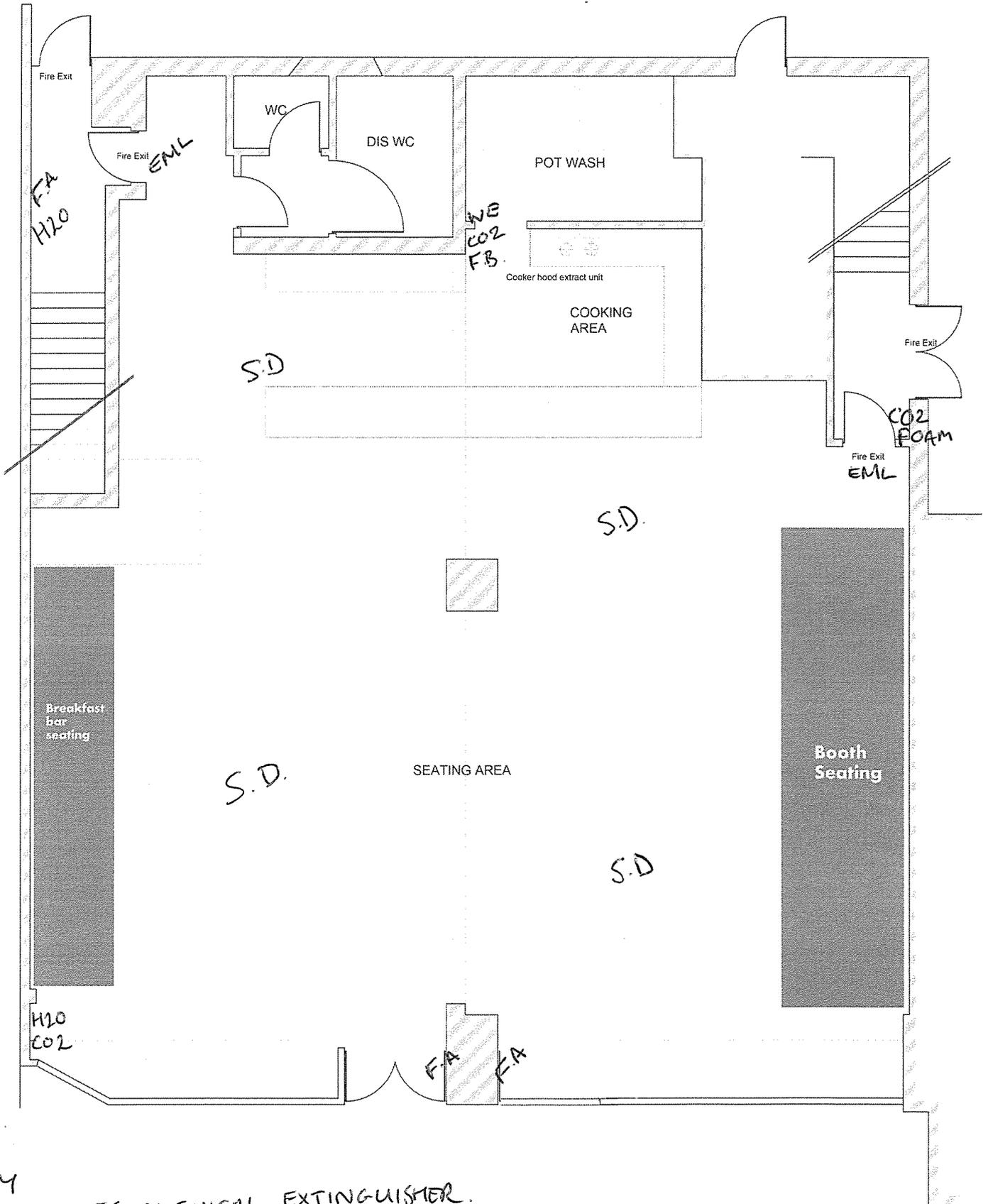
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

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:



- KEY
- W.E = WET CHEMICAL EXTINGUISHER.
 - CO₂ = EXTINGUISHER CO₂
 - H₂O = EXTINGUISHER WATER.
 - E.M.L = EMERGENCY LIGHTING.
 - F.B = FIRE BLANKET
 - F.O.A.M = FOAM EXTINGUISHER.

FLOOR PLAN 1:50



- S.D = SMOKE DETECTOR.
- F.A = FIRE ALARM POINT

Appendix 2 – Representation

To Whom it May Concern

We wish to object to the application for an alcohol license being made by Relax Coffee Bar of 9/9a Tudor Arcade, Dorchester (see above licence registration number).

- 1. Relax is a fast food cafe and it is beyond our comprehension that such an outlet needs to sell alcohol from 11am to 11pm daily and 11am-10pm on Sundays.*
- 2. Tudor Arcade has always been a shopping arcade with shops open daily from 9am-5.30pm (except Waitrose, open until 8pm). There has occasionally been cafes located here, opening 9am-6pm but they have never been successful. It is not a suitable location for a wine bar.*
- 3. We understand that this double unit can cater for up to 80 people. It concerns us that this amount of people spilling out into the arcade between 11pm and 12am at night would be a recipe for alcohol-fuelled trouble and leave our workplaces extremely vulnerable to vandalism and window breakage, not to mention problems of urine and vomit. Existing traders have worked very hard to maintain high standards of cleanliness and tidiness during the XX years that we have been located here.*
- 4. If this license is allowed, we are certain there will be a follow up application for an extension to, say 2am, at which point Relax would become a fully fledged night club.*

Appendix 3 - Response from Applicant

To Whom it May Concern

We wish to object to the application for an alcohol license being made by Relax Coffee Bar of 9/9a Tudor Arcade, Dorchester (see above licence registration number).

1. Relax is a fast food cafe and it is beyond our comprehension that such an outlet needs to sell alcohol from 11am to 11pm daily and 11am-10pm on Sundays.

Relax is not a fast food cafe, it is a coffee lounge and cafe which serves meals and snacks. We do offer a small take away offering but this will not include alcohol. We do not 'need' to sell alcohol but would like to as this would offer a full service offering to our clientele. We have researched the market place and this is exactly what customers have asked us for.

2. Tudor Arcade has always been a shopping arcade with shops open daily from 9am-5.30pm (except Waitrose, open until 8pm). There has occasionally been cafes located here, opening 9am-6pm but they have never been successful. It is not a suitable location for a wine bar.

I'm not sure how to answer this as it is this persons personal view. We feel it is an ideal location and many customers and members of the public have said it is exactly what the town needs.

3. We understand that this double unit can cater for up to 80 people. It concerns us that this amount of people spilling out into the arcade between 11pm and 12am at night would be a recipe for alcohol-fuelled trouble and leave our workplaces extremely vulnerable to vandalism and window breakage, not to mention problems of urine and vomit. Existing traders have worked very hard to maintain high standards of cleanliness and tidiness during the XX years that we have been located here.

The venue does seat around 80 people but in the evening we intend on having less seating available for an even more comfortable environment. In addition to this for the acoustic live music we have planned, which will be background type music and will take up room in the venue too.

We also plan it to be a relaxing venue, hence the name, and appeal to the more mature market and not the types suggested. Also all staff will be trained and advised not to serve drunk individuals as is required by law.

We will not be providing take away alcohol so there should be no issue of litter also.

I would stress again that the type of customer suggested is NOT who we will be aiming to attract.

We have a designated premises supervisor and also qualified licence holders who will ensure licencing regulations are adhered to fully.

4. If this license is allowed, we are certain there will be a follow up application for an extension to, say 2am, at which point Relax would become a fully fledged night club.

As above this is not what we want. The venue has big windows and doesn't suit a nightclub venue anyway.

Appendix 4 - Conditions Consistent with The Operating Schedule

The Prevention of Crime and Disorder

1. A Closed-Circuit Television (CCTV) system will be operational at the premises at all times when licensable activities are being carried out and at any other times when members of the public are present on the premises.
2. The PLH/DPS staff will ask for proof of age from any person appearing to be under the age of 25 who attempts to purchase alcohol at the premises.
3. A log shall be kept detailing all refused sales of alcohol. The log should include the date and time of the refused sale, a description of the person refused, why they were refused (e.g. no ID, fake ID) and the name of the member of staff who refused the sale. The log shall be available for inspection at the premises by the police or an authorised officer of a Responsible Authority (Licensing Act 2003).

Public Safety

1. Written records of all accidents and safety incidents involving members of the public and/or staff will be kept. These will be made available at the request of an authorised officer.

The Prevention of Public Nuisance

1. A clear notice shall be displayed at every exit from the premises to instruct customers to respect the needs of local residents and leave the premises and the area quietly.
2. The premises licence holder shall ensure that a sufficient number of suitable receptacles are located in appropriate locations for the depositing of waste materials such as food wrappings, drinks containers, smoking related litter, etc. by customers.

The Protection of Children from Harm

1. The Licensee will ensure that each member of staff authorised to sell alcohol has received adequate training on the law with regard to age restricted products and that this has been properly documented and training records kept. The training record to be kept on the licensed premises and made available for inspection by the Licensing Officer, Trading Standards or the Police.
2. The Licensee will ensure that each member of staff authorised to sell alcohol is fully aware of his /her responsibilities in relation to verifying a customer's age and is able to effectively question purchasers and check evidence of proof of age.