

Licensing Act 2003  
Premises Licence  
152685

Part 1 – Premises Details

**POSTAL ADDRESS OF PREMISES, OR IF NONE, ORDNANCE SURVEY MAP REFERENCE OR DESCRIPTION**

**SURFSIDE DINER, 31 New Street, Weymouth, Dorset, DT4 8DB**

**WHERE THE LICENCE IS TIME LIMITED THE DATES**

Not Applicable

**LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE**

Provision of Late Night Refreshment

**THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF THE LICENSABLE ACTIVITIES**

**Provision of Late Night Refreshment Indoors and Outdoors**

|                        | <b>From</b> | <b>To</b> |
|------------------------|-------------|-----------|
| Monday                 | 2300        | 0500      |
| Tuesday                | 2300        | 0500      |
| Wednesday              | 2300        | 0500      |
| Thursday               | 2300        | 0500      |
| Friday                 | 2300        | 0500      |
| Saturday               | 2300        | 0500      |
| Sunday                 | 2300        | 0500      |
| <u>Further details</u> |             |           |

**Opening Hours of the Premises**

|           | <b>From</b> | <b>To</b> |
|-----------|-------------|-----------|
| Monday    |             |           |
| Tuesday   |             |           |
| Wednesday |             |           |
| Thursday  |             |           |
| Friday    |             |           |
| Saturday  |             |           |
| Sunday    |             |           |

**WHERE THE LICENCE AUTHORISES SUPPLIES TO ALCOHOL WHETHER THESE ARE ON AND/OR OFF SUPPLIES**

N/A

Part 2

**NAME, (REGISTERED) ADDRESS, TELEPHONE NUMBER AND EMAIL (WHERE RELEVANT) OF HOLDER OF PREMISES LICENCE**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)**

[REDACTED]

**NAME, ADDRESS AND TELEPHONE NUMBER OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL**

Not applicable as no alcohol sales authorised

**PERSONAL LICENCE NUMBER AND ISSUING AUTHORITY OF PERSONAL LICENCE HELD BY DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL**

N/A

**Annex 1 – Mandatory Conditions**

None

**Annex 2 – Conditions consistent with the Operating Schedule**

The holder of the premises licence/club registration certificate will ensure that:

- (a) a suitable CCTV system, of a specification approved by the Dorset Police crime prevention officer, is installed at the premises;
- (b) the location of each camera is approved by the Dorset Police crime prevention officer;
- (c) the system and cameras are maintained in working order at all times, in accordance with guidance issued by the Dorset Police crime prevention officer;
- (d) all recordings are kept for 30 days.

**Annex 3 – Conditions added after a Hearing**

None – no hearing held

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WHERE THE LICENCE IS TIME LIMITED THE DATES

Not Applicable

LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE

Provision of Late-night Refreshment

THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF THE LICENSABLE ACTIVITIES

**Provision of Late-night Refreshment Indoors and Outdoors**

|           | From | To   |
|-----------|------|------|
| Monday    | 2300 | 0500 |
| Tuesday   | 2300 | 0500 |
| Wednesday | 2300 | 0500 |
| Thursday  | 2300 | 0500 |
| Friday    | 2300 | 0500 |
| Saturday  | 2300 | 0500 |
| Sunday    | 2300 | 0500 |

Further details

Opening Hours of the Premises

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| Thursday  |      |    |
| Friday    |      |    |
| Saturday  |      |    |
| Sunday    |      |    |

WHERE THE LICENCE AUTHORISES SUPPLIES TO ALCOHOL WHETHER THESE ARE ON AND/OR OFF SUPPLIES

N/A

Part 2

**NAME, (REGISTERED) ADDRESS, TELEPHONE NUMBER AND EMAIL (WHERE RELEVANT) OF HOLDER OF PREMISES LICENCE**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)**

**NAME OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL**

No alcohol sales authorised