



Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Schedule 2**

**Application for a premises licence to be granted under the Licensing Act 2003**

NORTH NORFOLK D.C.

17 JUL 2024

POSTAL SERVICES

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance booklet.

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 MR SAMUEL ROBERT LOWE apply for a  
 (Insert name(s) of applicant)

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 <u>THISTLE AND TIDE LTD</u> <u>31 CHURCH STREET</u>		North Norfolk District Council CUSTOMER SERVICES 16 JUL 2024 <b>RECEIVED</b>
Post town <u>CROMER</u>	Post code <u>NR27 9ES</u>	
Telephone number of Premises (if any) [REDACTED]		

Non-domestic rateable value of premises

£ 11 000.

(This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

## Part 2 – Applicant Details

In state whether you are applying for a premises licence as

Please tick ✓

a) An individual or individuals*	<input type="checkbox"/> Please complete Section A
b) A person other than an individual* <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other (for example a statutory corporation)</li> </ul>	<input checked="" type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <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	<input type="checkbox"/> Please complete Section B
f) A Health Service Body	<input type="checkbox"/> Please complete Section B
g) An individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/> 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	<input type="checkbox"/> Please complete Section B
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> 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

**SECTION A – INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over  Yes

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

**Second individual applicant (if applicable)**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over  Yes

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

**Section B – OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name	THISTLE AND TIDE LIMITED
Address	31 CHURCH STREET CROMER NR27 9ES
Registered number (where applicable)	15703252
Description of applicant (for example, partnership, company, unincorporated association etc)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED] OR hello@thistleandtide.co.uk

### Part 3 – Operating Schedule

When do you want the premises licence to start? ..... 

Day	Month	Year
01	08	2024

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

Day	Month	Year

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

we are a new business in Cronel on the High Street, we wish for the licence in order to sell street alcohol lines and items.

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

NA

#### **What licensable activities do you intend to carry on from the premises?**

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 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**).....

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

**Supply of alcohol** (if ticking yes, fill in **Box J**).....

**IN ALL CASES PLEASE COMPLETE BOXES K, L AND M**

<b>Box A</b> <b>Plays</b> Standard days and timings (Please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)		Indoors	
					Outdoors	
Day	Start	Finish			Both	
Mon			<u>Please give further details here</u> (read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for performing plays</u> (read guidance note 5)			
Thur						
Fri			<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> (read guidance note 6)			
Sat						
Sun						
<b>Box B</b> <b>Films</b> 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	
					Outdoors	
Day	Start	Finish			Both	
Mon			<u>Please give further details here</u> (read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for exhibition of films</u> (read guidance note 5)			
Thur						
Fri			<u>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</u> (read guidance note 6)			
Sat						
Sun						

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

Box E Live music Standard days and timings (Please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	9.00	1730	Please give further details here (read guidance note 4) Radio on in the background of the shop		
Tue	900	1730			
Wed	900	1730			
			State any seasonal variations for the performance of live music (read guidance note 5)		
Thur	900	1730	NA		
Fri	900	1730			
Sat	900	1730			
			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 (please read guidance note 6)		
Sun	930	1630	NA		



<b>Box F</b> <b>Recorded music</b> 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 checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (read guidance note 4) <i>Listening to CDs while shop is open</i>			
Mon	900	1730				
Tue	900	1730				
Wed	900	1730	State any seasonal variations for playing recorded music (read guidance note 5)  <i>NA</i>			
Thur	900	1730				
Fri	900	1730				
Sat	900	1730	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 (please read guidance note 6)  <i>NA</i>			
Sun	930	1630				
<b>Box G</b> <b>Performance of dance</b> 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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (read guidance note 4)			
Mon						
Tue						
Wed			State any seasonal variations for performance of dance (read guidance note 5)			
Thur						
Fri						
Sat			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)			
Sun						

<b>Box H</b> <b>Anything of a similar description to that falling within e, f or g</b> 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	Will this entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
			Please give further details here (read guidance note 4)		
Tue					
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within e, f or g (read guidance note 5)		
Fri					
Sat					
			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within e, f or g at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun					

<b>Box I</b> <b>Late night refreshment</b> 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 <input type="checkbox"/> (Please read guidance note 3)		Indoors					
					Outdoors					
					Both					
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)							
Mon			<u>State any seasonal variations for the provision of late night refreshment</u> (read guidance note 5)							
Tue										
Wed										
Thur										
Fri							<u>Non standard timings. Where you intend to use the premises for the provision          of late night refreshment entertainment at different times to those listed in the          column on the left, please list</u> (please read guidance note 6)			
Sat										
Sun										

<b>Box J</b> <b>Supply of alcohol</b> 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 premises	
				Off premises	<input checked="" type="checkbox"/>
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (read guidance note 5)		
Mon	900	1730	<p>would be nice for more of December to have some late night opening and to sell sifted alcohol throughout these evenings. to 9pm</p> <p>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 (read guidance note 6)</p> <p>NA</p>		
Tue	900	1730			
Wed	900	1730			
Thur	900	1730			
Fri	900	1730			
Sat	900	1730			
Sun	930	1630			

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 ..... SAMUEL ROBERT LOWE .....

Date of Birth . [REDACTED] .....

Address . [REDACTED] .....

Postcode .. [REDACTED] .....

Personal Licence number, if known, LN/000011857 .....

Issuing licensing authority, if known, NNDC .....

Box 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)

<b>Box L</b> <b>Hours premises are open to the public</b> Standard days and timings (Please read guidance note 7)			State any seasonal variation (read guidance note 5)
Day	Start	Finish	
Mon	900	1730	<del>NA</del> Would be nice to have the ability to have some late night opening through month of December. to 9pm.
Tue	900	1730	
Wed	900	1730	
Thur	900	1730	
Fri	900	1730	
Sat	900	1730	
Sun	930	1630	
			Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)
			NA

**M Describe the steps you intend to take to promote the four licensing objectives**

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 10)

Age checks  
Refusal log  
Consent by DPS to sell alcohol  
Regular training + stock controls on stock in place

b) The prevention of crime and disorder

Stored safely within shop, not on display in windows, surplus stock locked away, very low risk gifted items only.

c) Public safety

No alcohol to be consumed on site only sold as gifted items

d) The prevention of public nuisance

Alcohol rules followed, age restrictions for purchases followed.  
Supervised sales

e) The protection of children from harm

No alcohol drunk on site, gifts only, refusals log, correct checks for ID and age for gifted alcohol

**CHECKLIST**

Please tick to indicate agreement

- I have made or enclosed payment of the fee .....
- I have enclosed a 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 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 or my application is not completed correctly, 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.**

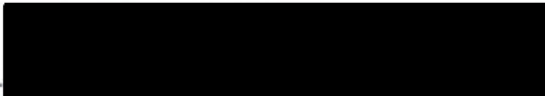
**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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 (the proposed current premises licence holder) 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>
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Signature ...  .....

Date 16/7/24 .....

Capacity Business owner/director/DPS/Licence holder .....

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

<u>THISTLE + TIDE LTD</u> <u>31 CHURCH STREET</u>	
Post Town: <u>CROMER</u>	Postcode: <u>NR27 9ES</u>

Daytime contact telephone number


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E-mail address (optional)


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