

## APPENDIX 01

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 Sarah Jane Peak

(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 69 king Street,			
Post town	Knutsford	Post code	WA16 6DX
Telephone number at premises (if any)		07980769881	
Non-domestic rateable value of premises		£12500	

### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as  
Please tick yes

- |                                                 |                                     |                             |
|-------------------------------------------------|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| 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 ☐ 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Peak			First names Sarah Jane		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		15 MILL HILL AVENUE POYNTON,			
Post Town	STOCKPORT			Postcode	SK12 1EQ
Daytime contact telephone number			07980769881		
E-mail address (optional)		sarahjanepeaky@msn.com			

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

### (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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
0	6	0 5 2 0 1 3

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)  
Specialist Cheese and Wine Shop

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

0

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 tick yes**

- |                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a) plays (if ticking yes, fill in box A)                                                                    | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)                                                                    | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)                                                   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)                                        | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)                                                               | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)                                                    | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |

**Provision of entertainment facilities:**

- |                                                                                                             |                          |
|-------------------------------------------------------------------------------------------------------------|--------------------------|
| i) making music (if ticking yes, fill in box I)                                                             | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)                                                                  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box L)

☐

**Supply of alcohol** (if ticking yes, fill in box M)

☒

**In all cases complete boxes N, O and P**



# A

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b>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</b> (please read guidance note 5)			
Sun						

## B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		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 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)			
Thur						
Fri			<b><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></b> (please read guidance note 5)			
Sat						
Sun						

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			
Fri			<b><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></b> (please read guidance note 5)
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b>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</b> (please read guidance note 5)			
Sun						



E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	0900	1800			
Tue	0900	1900	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	0900	1800			
Thur	0900	1900	<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 5) For Cheese and Wine tasting evenings on a maximum of one night a week until 22:00 hours		
Fri	0900	1900			
Sat	0900	1900			
Sun	1000	1700			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon	0900	1800				
Tue	0900	1800				
Wed	0900	1800				
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)			
Thur	0900	1900				
Fri	0900	1900				
			<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 5) For Cheese and Wine tasting evenings on a maximum of one night a week until 22:00 hours			
Sat	0900	1900				
Sun	1000	1700				

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)			
Thur						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>	
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed				
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)	
Fri				
Sat			<b><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></b> (please read guidance note 5)	
Sun				

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>			
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)			
					Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both	<input type="checkbox"/>		
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)			
Thur						
Fri			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sat						
Sun						



**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>		
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

# K

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>	
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed				
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)	
Fri				
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sun				

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)  <u>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</u> (please read guidance note 5) Cheese and Wine tasting evenings on a maximum of one night a week until 22:00 hours.		
Mon	0900	1800			
Tue	0900	1800			
Wed	0900	1800			
Thur	0900	1900			
Fri	0900	1900			
Sat	0900	1900			
Sun	1000	1700			

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

Name Sarah Jane Peak	
Address 15 MILL HILL AVENUE POYNTON,	
Postcode	SK12 1EQ
Personal Licence number (if known) PERS/1683	
Issuing licensing authority (if known) Cheshire East Council.	

**N**

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 8)

N/A

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	<b>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</b> (please read guidance note 5) For Cheese and Wine tasting evenings on a maximum of one night a week until 22:00 hours.
Mon	0900	1800	
Tue	0900	1800	
Wed	0900	1800	
Thur	0900	1800	
Fri	0900	1900	
Sat	0900	1900	
Sun	1000	1700	



**P** 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 9)

The company maintains comprehensive regulatory compliance procedures and all aspect of the four Licensing Objectives are covered by these procedures

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

There will be trained staff selling alcohol on the premises

**c) Public safety**

We will have trained Health and Safety staff on during opening hours re public safety, e.g. cleaning spillages immediately, etc.

**d) The prevention of public nuisance**

We will ensure that any customers acting in an inappropriate way will be asked to refrain from doing so or asked to leave the premises.

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

An Age Challenge Scheme with an Age Challenge of not less than 25 years is in force for persons who appear to be less than 25.

Please tick yes

- 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 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 ☒

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

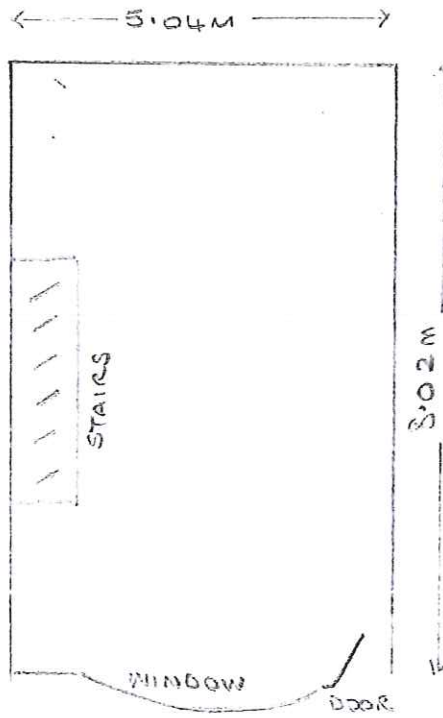
**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

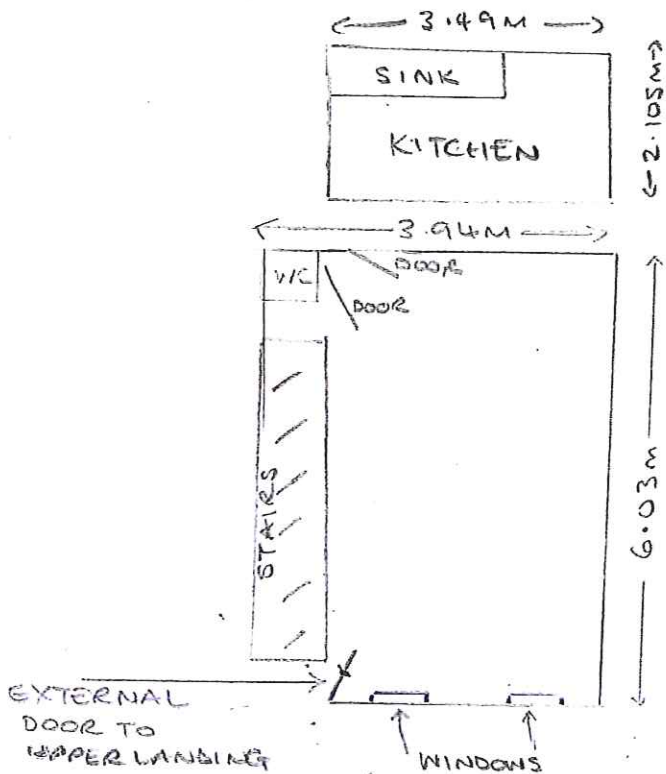
**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

69 KING ST. KNOTSFORD



GROUND  
FLOOR



FIRST  
FLOOR

measurable activities = ground floor  
consumption - " - = - " - - " -  
also  
first floor

SCALE  
1cm : 1m