



**(F) 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 STEVEN WISE

(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 31 LINDEN AVE THORNTON CLEVELEYS			
Post town	LANCASHIRE	Postcode	FY5 2EZ
Telephone number at premises (if any)		01253 868031	
Non-domestic rateable value of premises		£ 3,400	



## Part 2 - Applicant details

Please state whether you are applying for a premises licence as (Please tick as appropriate)

- a) an individual or individuals \* ☒ please complete section (A)
- b) a person other than an individual \*
- i as a limited company/limited liability partnership ☐ please complete section (B)
  - ii as a partnership (other than limited liability) ☐ please complete section (B)
  - iii as an unincorporated association or ☐ please complete section (B)
  - iv other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ 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 <b>WISE</b>			First names <b>STEVEN</b>		
Date of birth over		I am 18 years old or		<input checked="" type="checkbox"/> Please tick yes	



<b>Nationality</b> <i>BRITISH</i>			
Current residential address if different from premises address			
Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service). The 9-digit 'share code' provided to the applicant by that service (please see note 15 for information).			

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth over</b>		I am 18 years old or		<input type="checkbox"/> Please tick yes	
<b>Nationality</b>					
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service). The 9-digit 'share code' provided to the applicant by that service (please see note 15 for information).					

**(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?

DD	MM	YYYY
26	08	2021

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)

TEAROOM / COFFEE SHOP / CAFE

ONE ROOM / 7 TABLES

EXTERNAL AREA TO SHOP FRONT A FURTHER  
7 TABLES

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

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What licensable activities do you intend to carry on from the premises? *SALE OF ALCOHOL*  
(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**



J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	11-	18.00			
Tue	11	18.00			
Wed	11	18.00			
Thur	11	22.30	<b>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</b> (please read guidance note 6)		
Fri	11	22.30			
Sat	11	22.30			
Sun	11	20.00			

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		STEVEN WISE	
Date of birth			
Address			
Postcode			
Personal licence number (if known)			
Issuing licensing authority (if known)			



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).

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	7.30	18.30	<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 6)
Tue	7.30	18.30	
Wed	7.30	18.30	
Thur	7.30	23.00	
Fri	7.30	23.00	
Sat	7.30	23.00	
Sun	9.00	20.30	



**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)**

STAFF WILL UNDERTAKE TRAINING IN THE RELATION TO THE SALE OF ALCOHOL AND IN REGARDS TO I.D OF UNDER AGED PERSONS AND WITH REGARD WITH DRUNK BEHAVIOUR.

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

C.C.TV CAMERA'S WHICH RECORD. THE CAMERA'S ARE PLACED IN POSITION TO GIVE FULL COVERAGE BOTH INSIDE AND OUTSIDE THE PREMISES. FULL DIGITAL RECORDING PROVIDED.

**c) Public safety**

OUR PREMISES AS PER PLAN ENCLOSED CONSIST OF ONE INTERNAL TRADE AREA. ENTRANCE TO THE TEAROOM ALSO DOUBLES AS THE EXIT WHICH IS KEPT CLEAR AT ALL TIMES. PEOPLE UNDER 25 WILL BE ASKED FOR PHOTO ID. A REGISTER OF REFUSED SALES WILL BE KEPT ON THE PREMISES.

**d) The prevention of public nuisance**

ALL CUSTOMERS WILL BE ASKED TO LEAVE QUIETLY. NOTICES WILL BE CLEARLY DISPLAYED TO REMIND CUSIDMERS OF THIS AND TO HAVE REGARD FOR OUR NEIGHBOURS AND SURROUNDING COMMUNITY.

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



**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 or my share code issued by the Home Office online right to work checking service (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.**

<b>Declaration</b>	[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
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	<p>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).</p> <p>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)</p>
Signature	
Date	7-7-2021
Capacity	OWNER.

**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.**

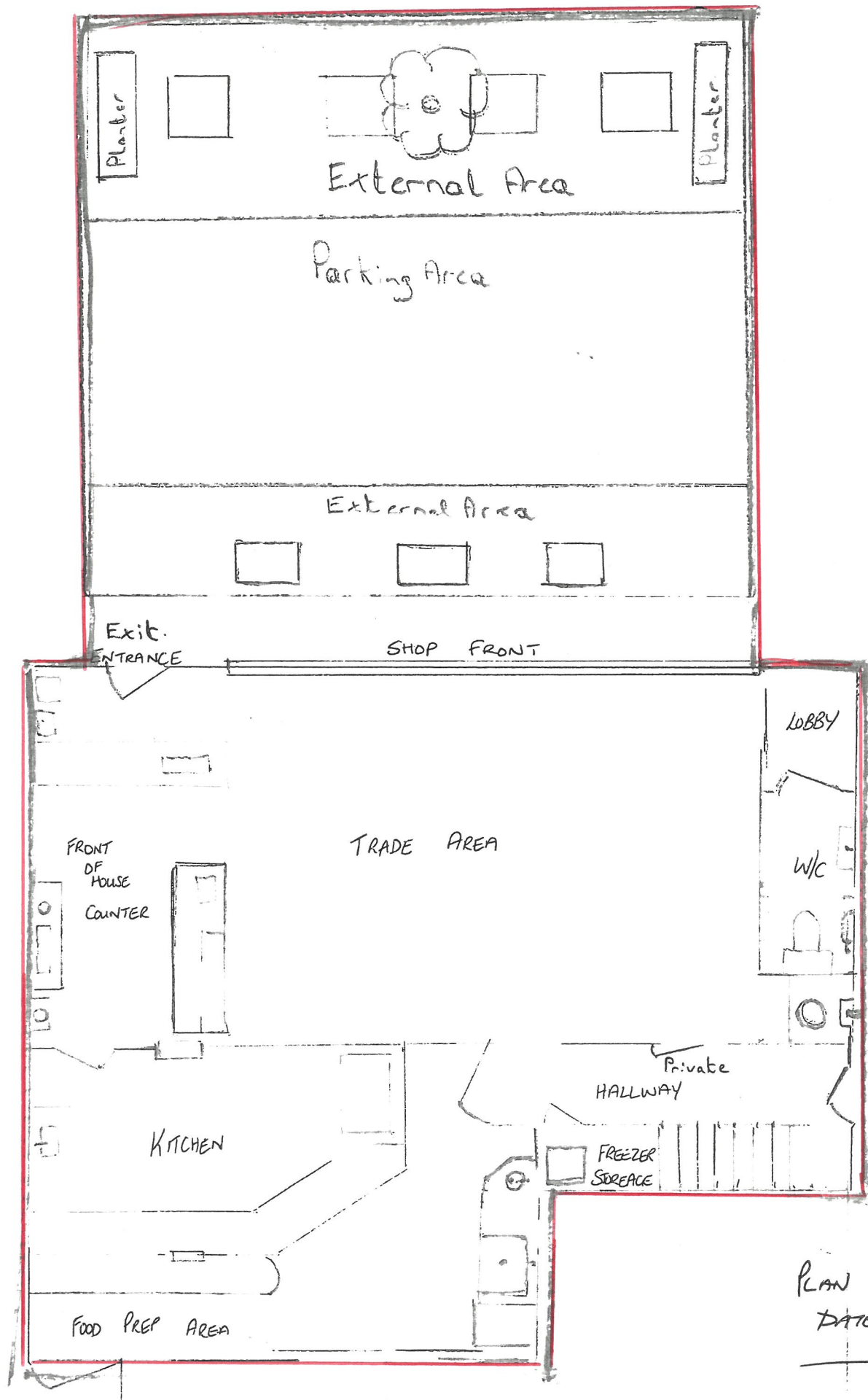
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
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

- 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.
- In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does





PLAN ANNEX 4  
DATED 12-7-21





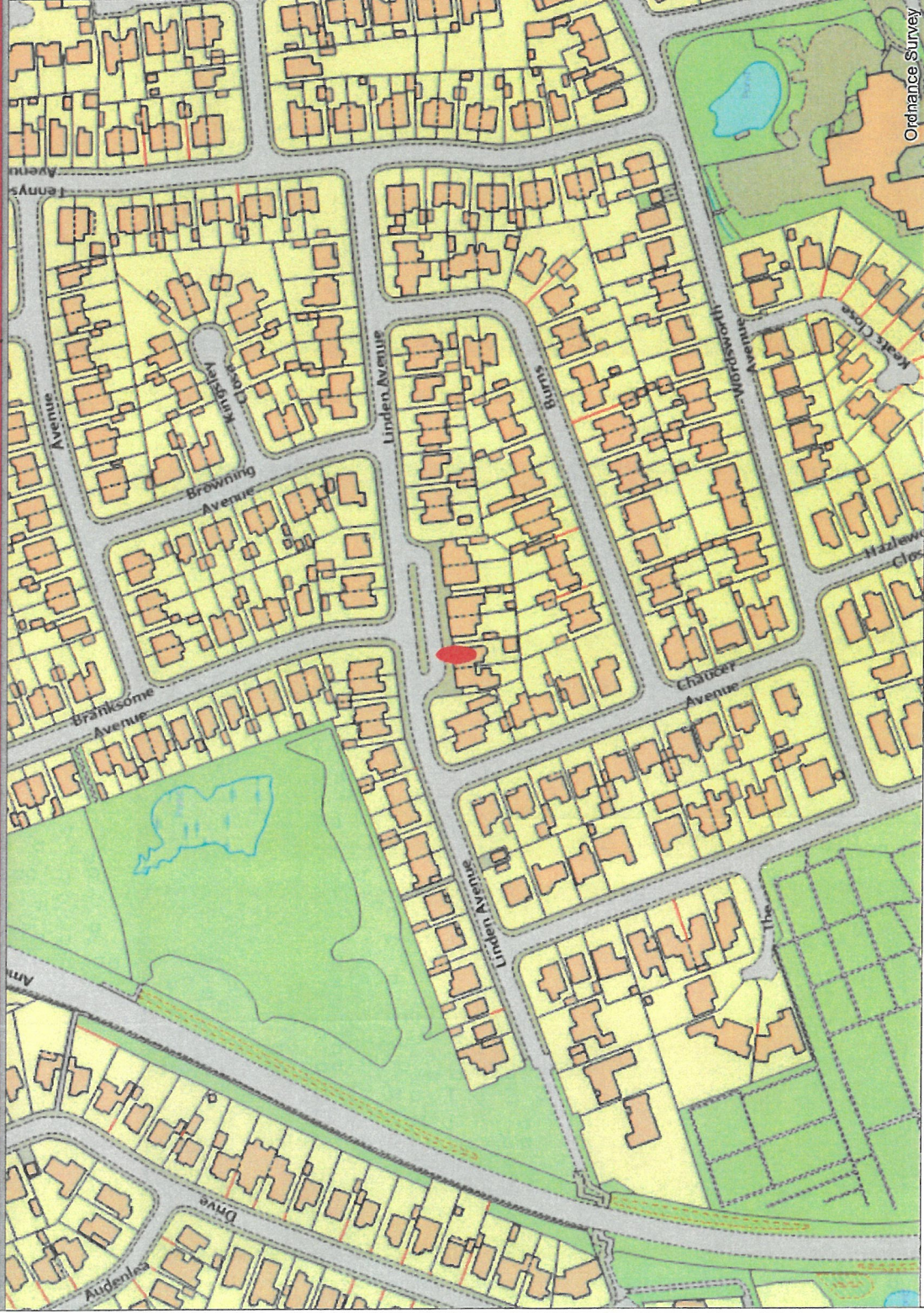


# Lancashire Map



Author:

Date Created: 06/08/2021



Map Scale: 1:2,500  
Map Centre: 332,990 443,059

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Images published online on Google.co.uk



The Tea Room occupies the unit which was Domestic water and gas supplies, when these images were captured.







Licensing Department  
Wyre Borough Council  
Civic Centre  
Breck Road  
Poulton-le-Fylde  
FY6 7PU  
[licensing@wyre.gov.uk](mailto:licensing@wyre.gov.uk)

*Please ask for:*  
*Telephone:*  
*Email:*  
*Your Ref:*  
*Our Ref:*  
*Date:*

Mick Birks  
01253 879013  
[northernfiresafety@lancsfireandrescue.org.uk](mailto:northernfiresafety@lancsfireandrescue.org.uk)  
N3215900/MB/JP  
14 July 2021

Dear Sir or Madam

### ISSUE OF A PREMISES LICENCE

**Legislation:** Licensing Act 2003  
**Name of Applicant:** Mr Steven Wise  
**Address of Premises:** Linden Tree Tea Room, 31 Linden Avenue, Thornton  
Cleveleys, FY5 2EZ

The above application has been inspected and the Fire Authority has no objection to the Issue of a premises licence.

**These premises are subject to the Regulatory Reform (Fire Safety) Order 2005. The responsible person is required to carry out a fire risk assessment.**

The Fire Authority may inspect the premises to ensure compliance with the Regulatory Reform (Fire Safety) Order 2005, and the Risk Assessment may be required by the Licensing Authority to satisfy the licensing objective relating to public safety.

If you would like to discuss this, or any other matter of fire safety, please call me on 01253 879013.

Yours faithfully

A handwritten signature in blue ink, appearing to read "Mick Birks".



Mick Birks 985  
Protection Officer  
For Chief Fire Officer

Protection Department  
Fleetwood Community Fire Station  
Radcliffe Road  
FLEETWOOD FY7 6UJ







Wyre Council Licensing Service			
<b>Notification of Mediation Agreement</b>			
<b>Premises Details</b>			
Name of Premises:	Linden Tree Tea Room		
Premises Address:	31 Linden Avenue, Thornton Cleveleys		
Post Code:	FY5 2EZ		
<b>Responsible Authority</b>			
Service / Department	Lancashire Constabulary		
Officer (Print Name)	PC 515 Guy HARRISON		
Signature			
<b>Proposed changes to Application Operational Schedule</b>			<b>Mark one</b>
Adequate changes proposed during the representation period. No representation made.			X
Some changes proposed. Representation will follow for remaining concerns.			
Some changes made after representation submitted. Continue to hearing.			
Full and adequate proposals made after representation. Representation withdrawn.			
<b>Applicant's consent to amend Licence Application</b>			
I the undersigned am the applicant and hereby authorize Blackpool Licensing Service to amend my application as detailed below. I understand that these amendments may be included as conditions on the Premises Licence should one be issued.			
Applicant's Name (Please <u>print</u> clearly)		Mr Steven WISE	
Applicant's Usual Signature			
Date of signing			2021
<b>Amendments</b>			
1	<b>The following conditions to be added to the operating schedule:</b> <ol style="list-style-type: none"> <li>1. CCTV must be installed internally and externally at the premises and must comply with the following: <ol style="list-style-type: none"> <li>i. The CCTV system shall be installed, maintained and operated to the reasonable satisfaction of Lancashire Constabulary. The entrance and bar areas are to be covered by the system. The system will incorporate a camera covering each of the entrance doors and will be capable of providing an image which is regarded as identification standard.</li> <li>ii. The system will display on any recording the correct time and date of the recording.</li> </ol> </li> </ol>		



iii. Digital recording shall be held for a minimum of 21 days respectively, after the recording is made and will be made available to the Police or any authorised persons acting for Responsible Authority for inspection upon request.

2. During the premises' hours of operation, the outside area shall cease to be used by customers by 21:00hrs. In this area all customers consuming alcohol shall be seated. Any removable furniture shall be cleared away or covered no longer than 30 minutes after this time.
3. Any outside area of the venue will be regularly checked by a competent person.
4. The licence holder and the DPS are to support and rigorously enforce a Challenge 25 Proof of Age policy. Any person who looks or appears to be under the age of 25 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable:
  - (i) UK photo driving licence
  - (ii) passport
  - (iii) Proof of Age Standards Scheme Card

OR any other nationally or locally approved form of identification which may be introduced in the future.

If no suitable identification is provided, sale of alcohol to them will be refused. Signs promoting this policy shall be displayed in the premises.

**The following conditions to be removed from the operating schedule:**

None



Dear Mr Wise,

I am aware that you have agreed with the Police to restrict the use of the outdoor seating to 21:00 hrs, however I am concerned that the residential area immediately around your premises has a high proportion of elderly occupiers and so would wish to see a condition restricting the use to 18:00hrs to prevent noise and disturbance to residents into the evening .

I also have concerns regarding your proposed prevention of public nuisance conditions that you have put forward. Given this and the limited time available to reach an agreement regarding your licence application I will be raising a provisional objection to your application and I have made licencing aware of this.

My provisional objection will be withdrawn once we have reached a mutual agreement regarding the outdoor drinking area and prevention of public nuisance condition.

Please contact me on [REDACTED] to discuss this matter.

Kind regards

**Nick Clayton | Environmental Health Officer**

Pollution Control  
Room 129  
01253 887404

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**From:** Clayton, Nick [REDACTED]  
**Sent:** 12 August 2021 15:07  
**To:** Barrett, Niky [REDACTED]  
**Subject:** Linden Tree Tea Rooms License application

Good Afternoon Niky,

Following an onsite meeting with Steven Wise, I have been unable to reach a mutually acceptable resolution regarding the outdoor seating area, specifically the time that the consumption of alcohol in this area should end.

Having taken into consideration the residential premises in the vicinity and in particular the age profile of residents in the location and the type of establishment that Mr Wise runs, rather than halting the complete use of the outdoor seating area



for patrons, I felt that it could still be used in the evening for the consumption of food and non-alcoholic drinks and so proposed the following condition, to allow him to operate but minimise the negative impact on the surround residential properties;

'Any outside area which is used for the consumption of alcohol, shall cease to be so used at 18:00hours. Signs shall be displayed in prominent positions warning customers that they will not be permitted to drink alcohol in the external areas after these times'

Other conditions were also discussed and agreed (conditions 1-3 and 5-14 on the attached document) that if implemented along with the condition above regarding the cut off point for the consumption of alcohol outdoors, I feel would safeguard the surround area from any public nuisance problems.

Mr Wise unfortunately would not agree with this condition and so I am unable to withdraw my objection to the granting of this application.

I am aware that the Police have agreed a terminal hour for the use of the outside area of 21:00hrs, but this has been agreed under the crime and disorder objective and I am concerned about the potential public nuisance from outdoor drinkers that could impact on residents.

if you wish to discuss this matter further with, please contact me and I will be happy to answer any questions.

Kind regards,

**Nick Clayton | Environmental Health Officer**

Pollution Control  
Room 129  
01253 887404