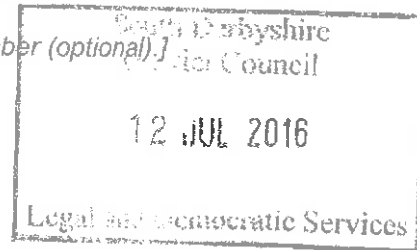


[Insert name and address of relevant licensing authority and its reference number (optional)]



**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 No 11 deli 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	
unit 12, The Visitors Centre Melbourne Hall Church Square Melbourne Derby. DE73 8EN	
Post town	Derby
Postcode	DE738EN
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£1,675

**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  please complete section (B)
  - ii. as a partnership 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:

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	Mrs	Miss	Ms	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over				Please tick yes
Current postal 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 (for example, Rev)	
Surname			First names		
I am 18 years old or over				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	No 11 deli Ltd
Address	11 BOROUGH STREET CASTLE DONINGTON DERBY DE74 2LA
Registered number (where applicable)	6555208
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01332 813555
E-mail address (optional)	info@no11deli.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start? DD MM YYYY  
02 08 2016

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

N/A

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

SMALL RETAIL UNIT SITUATED  
WITHIN MELBOURNE HALL ESTATE  
FOR THE SALE OF COFFEES, ICE CREAMS,  
SANDWICHES AND HAMPERs TO TAKE AWAY  
NO SEATING AREA PROVIDED.

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? THE SALE BY RETAIL OF ALCOHOL  
(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 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)

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

In all cases complete boxes K, L and M

**A**

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

**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	
					Outdoors	
Day	Start	Finish			Both	
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 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

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

**D**

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

**Please give further details here** (please read guidance note 3)

**State any seasonal variations for the performance of live music** (please read guidance note 4)

**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 5)

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur				
Fri			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 5)	
Sat				
Sun				

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

**Please give further details here** (please read guidance note 3)

**State any seasonal variations for the performance of dance** (please read guidance note 4)

**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 5)

# H

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

I

<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</b> (please read guidance note 2)		Indoors	
					Outdoors	
Day	Start	Finish	Both			
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 late night refreshment</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 late night refreshment 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>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises <input type="checkbox"/>	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	9:00	18:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  Christmas Eve - 7:00 - 19:00  <del>XXXXXX</del>		
Tue	9:00	18:00			
Wed	9:00	18:00			
Thur	9:00	18:00	<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 5)		
Fri	8:00	18:00	None		
Sat	8:00	18:00			
Sun	10:30	18:00			

Amended as per telephone call to Liza Fox  
 17/11 22/07/11

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

Name	MRS LIZA FOX
Address	94 HIGH STREET CASTLE DONINGTON DERBY DERBYSHIRE
Postcode	DE74 2PQ
Personal licence number (if known)	NWL71076
Issuing licensing authority (if known)	NWLDC

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 8).**

None

L

<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	
Mon	9:00	18:00	Christmas Eve 7:00 - 19:00
Tue	9:00	18:00	
Wed	9:00	18:00	
Thur	9:00	18:00	
Fri	8:00	18:00	
Sat	8:00	18:00	
Sun	10:30	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 5)
			NONE

**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 9)

ALCOHOL TO BE CONSUMED OFF THE PREMISES  
STRONG MANAGEMENT CONTROLS & ONLY.  
EFFECTIVE TRAINING OF ALL STAFF SO THAT  
THEY ARE AWARE OF THE PREMISES LICENCE.  
OPERATE A CLEAR "CHALLENGE 25" POLICY  
NO DRUNK AND DISORDERLY BEHAVIOUR ON THE PREMISES

b) The prevention of crime and disorder

AS ABOVE

c) Public safety

AS ABOVE

d) The prevention of public nuisance

AS ABOVE

e) The protection of children from harm

AS ABOVE

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	<i>Liza Fox</i>
Date	1-7-2016
Capacity	DIRECTOR

**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)**

LIZA FOX  
NO 11 DELI  
11 BOROUGH STREET  
CASTLE DONINGTON

Post town **DERBY** Postcode **DE74 2LA**

Telephone number (if any) **01332 813555**

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

**info@no11deli.co.uk**

**Notes for Guidance**

Consent of individual to being specified as premises supervisor

Mrs Liza Fox

I

*[full name of prospective premises supervisor]*

of No 11 deli Ltd  
94 High Street  
Castle Donington  
Derby  
DE74 2PQ

*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

New premises licence  
*[type of application]*

by

No 11 deli Ltd  
*[name of applicant]*

relating to a premises licence

*[number of existing licence, if any]*

for

No 11 deli  
Unit 12, The visitors Centre  
Melbourne Hall  
Church Square  
Melbourne  
Derby. DE73 8EN  
*[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

No 11 deli Ltd

*[name of applicant]*

concerning the supply of alcohol at

No 11 deli  
Unit 12, The Visitors Centre  
Melbourne Hall  
Church Square  
Melbourne  
Derby. DE73 8EN

*[name and address of premises to which application relates]*

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

NWL11016

*[insert personal licence number, if any]*

Personal licence issuing authority

NWLDC

*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed



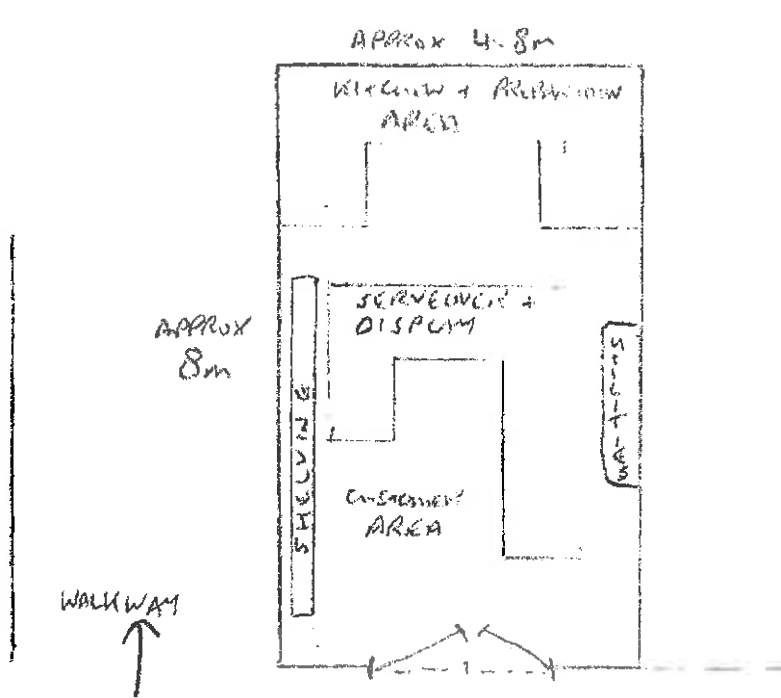
Liza Fox

Name (please print)

1-7-16

Date

UNIT 12, THE VISITORS CENTRE, MELBOURNE HALL, MELBOURNE, DERBYSHIRE. DE73-8EN



NOTES

BUILDING - GRADE 1 LISTED

NO TOILETS WITHIN BUILDING

SEPARATE TOILET FACILITIES WITHIN THE ESTATE, MALE, FEMALE + DISABLED.

No 11 Deli LTD  
-----  
MRS. LIZA FOX (DIRECTOR)  
-----  
11 BOROUGH STREET  
-----  
CASTLE DONINGTON  
-----  
DERBYSHIRE DE74-2PG  
-----  
DRAWN BY L. FOX / CHECKED M. FOX  
-----  
SCALE 1:100 PROPOSED JULY 2016  
-----  
BUILDINGS DIMENSIONS ARE APPROXIMATE