

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.
 - 5 MAR 2025
 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.

We TAYLORS OF FAKENHAM LIMITED..... 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	
5, OAK STREET, FAKENHAM, NORFOLK, NR21 9DX	
NORTH NORFOLK D.C. 10 JAN 2025 POSTAL SERVICES	
Post town	Post code
FAKENHAM	NR21 9DX
Telephone number of Premises (if any)	
01328 851484	

Non-domestic rateable value of premises

£ 8,400

(This can be obtained from the Valuation Office website 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"> i. as a limited company ii. as a partnership iii. as an unincorporated association iv. other (for example a statutory corporation) 	<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:

▪ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Please tick ✓ yes

▪ 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	TAYLORS OF FAKENHAM LIMITED
Address	11, THORN ROAD, FAKENHAM, NORFOLK, NR21 8NX
Registered number (where applicable)	15929422
Description of applicant (for example, partnership, company, unincorporated association etc)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	TAYLORS CAFE LIMITED@GMAIL.COM

Part 3 – Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
1	0	0
2	2	0
2	5	

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)

TAYLORS OF FAKENHAM LIMITED IS THE TRADING COMPANY FOR TAYLORS CAFE, A BUSY CAFE IN THE HEART OF FAKENHAM SERVING HOT AND COLD REFRESHMENTS, LIGHT MEALS AND CAKES. TAYLORS OF FAKENHAM EMPLOYS SIX FULL, PART-TIME AND CASUAL STAFF MEMBERS

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

—

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

Box A Plays 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	
Day Start Finish			Outdoors	
			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				
Box B Films 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	
Day Start Finish			Outdoors	
			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				

Box C Indoor sporting events Standard days and timings (Please read guidance note 7)					
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon			State any seasonal variations for indoor sporting events (read guidance note 5)		
Tue					
Wed					
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					
Box D Boxing or wrestling entertainment Standard days and timings Please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)		
			Indoors		
			Outdoors		
			Both		
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon			State any seasonal variations for boxing or wrestling entertainment (read guidance note 5)		
Tue					
Wed					
Thur					
Fri			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 (please read guidance note 6)		
Sat					
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	
			Outdoors	
			Both	✓
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4) AS PART OF OUR BUSINESS, WE MAY WISH FOR MUSICIANS TO PLAY IN OUR CAFE FOR SMALL AND INTIMATE GIGS SUCH AS SOLO GUITAR OR JAZZ AND ACOUSTIC DUO OR TRIO ON AN AD HOC BASIS. <u>State any seasonal variations for the performance of live music</u> (read guidance note 5)	
Mon	12.00	21.00		
Tue	12.00	21.00		
Wed	12.00	21.00		
Thur	12.00	23.00		
Fri	12.00	23.00		
Sat	12.00	23.00		
			<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 6)	
Sun	12.00	21.00		

Box F Recorded music 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	
					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 playing recorded music</u> (read guidance note 5)			
Thur						
Fri			<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 6)			
Sat						
Sun						
Box G Performance of dance 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	
					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 performance of dance</u> (read guidance note 5)			
Thur						
Fri			<u>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</u> (please read guidance note 6)			
Sat						
Sun						

Box H Anything of a similar description to that falling within e, f or g Standard days and timings (Please read guidance note 7)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
			<u>Please give further details here (read guidance note 4)</u>		
Tue					
Wed			<u>State any seasonal variations for entertainment of a similar description to that falling within e, f or g (read guidance note 5)</u>		
Thur					
Fri			<u>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)</u>		
Sat					
Sun					

Box I Late night refreshment 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 ✓ (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										

Box J Supply of alcohol 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	<input checked="" type="checkbox"/>
				Off premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol (read guidance note 5)</u> NO SEASONAL VARIATIONS.		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	08.00	23.00			
Sun	08.00	23.00			
			<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 (read guidance note 6)</u>		

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 JAMES ANDREW PLATTEN

Date of Birth [REDACTED]

Address [REDACTED]

Postcode [REDACTED]

Personal Licence number, if known, LN 1000011175

Issuing licensing authority, if known, NORTH NORFOLK DISTRICT COUNCIL

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)

NO ADULT ENTERTAINMENT

Box L Hours premises are open to the public Standard days and timings (Please read guidance note 7)			State any seasonal variation (read guidance note 5)	
Day	Start	Finish	NO SEASONAL VARIATION	
Mon	08.00	23.00		
Tue	08.00	23.00		
Wed	08.00	23.00		
Thur	08.00	23.00		
Fri	08.00	23.00		
Sat	08.00	23.00		
Sun	08.00	23.00		
				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)

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)

TAYLORS OF FAKENHAM LIMITED HAS A STRONG REPUTATION AND BRAND IDENTITY, OFFERING QUALITY PRODUCTS AND MENU ITEMS IN A WELL PRESENTED CAFE. THE BUSINESS DIRECTOR HAS OVER 25 YEARS HOSPITALITY EXPERIENCE, HOLDS A PERSONAL LICENCE AND AN NVQ4 IN HOSPITALITY MANAGEMENT. THE PROVISION OF A PREMISES LICENCE IS A CONTINUATION OF THE HIGH QUALITY CAFE MENU OFFER, WHICH WILL ENHANCE ITS CURRENT APPEAL.

b) The prevention of crime and disorder

PERSONAL LICENCE HOLDER OR DESIGNATED PREMISES SUPERVISOR ON DUTY AT ALL TIMES. SALE OF ALCOHOL TO BE LIMITED TO PATRONS ON SITE WITH NO OFF LICENCE SALE. ALCOHOL MENU TO BE LIMITED TO PRODUCTS IN KEEPING WITH THE HIGH QUALITY, ON BRAND OFFER. BUSINESS TO ENSURE GOOD RELATIONSHIPS WITH ALL EXTERNAL STAKEHOLDERS.

c) Public safety

RESPONSIBLE PERSON ON DUTY AT ALL TIMES. FULL PREMISES RISK ASSESSMENT IN PLACE FOR THE BUSINESS. ACTIVITIES LIMITED TO THOSE WHICH IS EXPECTED OF A HIGH QUALITY, CAFE-TYPE BUSINESS. TAYLORS OPERATES A DIARY SYSTEM WHICH NOTES ALL SIGNIFICANT EVENTS ON A DAILY BASIS

d) The prevention of public nuisance

TAYLORS CAFE HAS BEEN TRADING SUCCESSFULLY FOR ANUMBER OF YEARS WITH NO RECORD OF ANY PUBLIC NUISANCE. A RESPONSIBLE PERSON WILL BE ON DUTY AT ALL TIMES. ALCOHOL MENU WILL BE IN KEEPING WITH A HIGH QUALITY CAFE, WITH AN 'ON BRAND' OFFER.

e) The protection of children from harm

THE BUSINESS DIRECTOR IS A FORMER TUTOR AND HAS BOTH EXPERIENCE OF AND TRAINING IN CHILD PROTECTION. SALE OF ALCOHOL WILL BE MANAGED STRICTLY AND IN LINE WITH THE LAW, AND CONSUMPTION MONITORED FOR THOSE WITH CHILDREN IN THEIR CARE. A 'CHALLENGE 25" POLICY WILL BE IN PLACE. A RESPONSIBLE PERSON WILL BE ON DUTY AT ALL TIMES.

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.

Declaration	<ul style="list-style-type: none">• [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).• 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).
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Signature 

Date 05 JANUARY 2025

Capacity DIRECTOR, TAYLORS OF FAKENHAM LIMITED


For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 13) If signing on behalf of the applicant please state in what capacity.


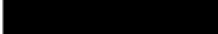
Signature

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: 
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Daytime contact telephone number	
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E-mail address (optional)	TAYLORS CAFE LIMITED@GMAIL.COM
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