



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

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 **MIMS CROMER LTD**..... 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 16 Garden Street Cromer Norfolk	
Post town Cromer	Post code NR27 9HN
Telephone number of Premises	

Non-domestic rateable value of premises

£16,000

(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*	☐ Please complete Section A
b) A person other than an individual* i. as a limited company ii. as a partnership iii. as an unincorporated association iv. other	☒ Please complete Section B ☐ Please complete Section B ☐ Please complete Section B ☐ 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) An individual 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

☒
☐
☐

SECTION A – INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title
(please state)

Surname

First names

I am 18 years old or over ☐ 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
(please state)

Surname

First names

I am 18 years old or over ☐ Yes

Current postal 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 MIMIS CROMER LTD
Address 16 Garden Street Cromer Norfolk NR27 9HN
Registered number (where applicable) 16700217
Description of applicant (for example, partnership, company, unincorporated association etc) Private limited company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 – Operating Schedule

When do you want the premises licence to start?

Day		Month		Year				
	0	1	1	0	2	0	2	6

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

Day		Month		Year			

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

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

A ground-floor cafe and restaurant premises trading as Mimis, comprising a customer seating and service area, kitchen/food preparation area, two WCs and associated ancillary areas. The premises has a main customer entrance/exit and an additional exit route through the kitchen. Alcohol is intended to be sold for consumption both on and off the premises throughout the licensed customer area, as shown on the accompanying premises plan.

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 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**)... ☐

Please tick any that apply

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.

Sale by retail 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 6)			Will the performance of a play take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat			<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 5)		
Sun					

Box C Indoor sporting events Standard days and timings (Please read guidance note 6)			
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)
Mon			
Tue			
Wed			
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 5)
Sun			

Box H Anything of a similar description to that falling within e, f or g Standard days and timings (Please read guidance note 6)			<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 ✓ (Please read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within e, f or g.</u> (read guidance note 4)		
Fri					
Sat			<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</u> (please read guidance note 5)		
Sun					

Box I Late night refreshment Standard days and timings (Please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
			Please give further details here (read guidance note 3)			
Day	Start	Finish	State any seasonal variations for the provision of late night refreshment (read guidance note 4)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
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 (please read guidance note 5)						

Box J Supply of alcohol Standard days and timings (Please read guidance note 6)			Will the sale of alcohol be for consumption – please tick ☒ (Please read guidance note 7)		On premises	
					Off premises	
					Both	X
Day	Start	Finish	Please give further details here (read guidance note 3) Sale by retail of alcohol for consumption both on and off the premises.			
Mon	11:00	22:30				
Tue	11:00	22:30				
Wed	11:00	22:30				
Thur	11:00	22:30				
Fri	11:00	22:30				
Sat	11:00	22:30				
Sun	12:00	22:00				
			<u>State any seasonal variations for the supply of alcohol</u> (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> <u>(read guidance note 5)</u>			

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

Name	Jack Mezzetti
Address	[REDACTED]
Postcode	[REDACTED]
Personal Licence number, if known	[REDACTED]
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 8)

None. No adult entertainment or services are proposed.

Box L Hours premises are open to the public Standard days and timings (Please read guidance note 6)			<u>State any seasonal variation</u> (read guidance note 4) None
Day	Start	Finish	<u>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</u> (please read guidance note 5)
Mon	08:00	22:30	
Tue	08:00	22:30	
Wed	08:00	22:30	
Thur	08:00	22:30	
Fri	08:00	22:30	
Sat	08:00	22:30	
Sun	10:00	22:00	

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 9)

The premises will be operated in a responsible manner with appropriate management controls, staff training and written procedures. The premises licence holder and DPS will ensure that staff understand the four licensing objectives and the conditions of the premises licence. Records and procedures relevant to alcohol sales will be maintained and made available to authorised officers where appropriate.

b) The prevention of crime and disorder

A Challenge 25 age-verification policy will be operated. Acceptable photographic identification will include a passport, photocard driving licence or PASS-accredited proof-of-age card. Staff involved in alcohol sales will receive appropriate training and refresher training. A refusals record and incident record will be maintained. Alcohol will not be sold to any person who is drunk, and staff will seek management assistance where necessary.

c) Public safety

The premises will be maintained in a safe condition with clear and unobstructed escape routes. Appropriate fire-safety equipment, emergency lighting and first-aid arrangements will be maintained in accordance with relevant requirements. Staff will be familiar with emergency procedures and the safe evacuation of customers. Customer numbers and the layout of the premises will be managed so as not to compromise safety.

d) The prevention of public nuisance

The premises will be operated with regard to neighbouring premises and the local area. Customers will be encouraged to leave quietly and responsibly. Deliveries, waste handling and disposal of bottles will be managed so as to minimise disturbance, particularly at sensitive times. Any music provided will be kept at a reasonable level and doors/windows will be managed where necessary to prevent unreasonable noise escape.

e) The protection of children from harm

A Challenge 25 policy will apply to all alcohol sales. Alcohol will not be sold to persons under 18. Staff will be trained in age verification and proxy-sale awareness. Children on the premises will remain the responsibility of an accompanying parent or responsible adult where appropriate. No adult entertainment is proposed. Any concerns relating to the welfare of children will be referred to management and dealt with appropriately.

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..... ☒

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 (the proposed current premises licence holder) 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 ... [redacted]

Date 07/09/2026

Capacity..... Authorised signatory for Mimis Cromer Ltd

Where the premises licence is jointly held signature of 2nd applicant (the proposed current premises licence holder) or 2nd applicant’s solicitor or other duly 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 address for correspondence associated with this application (please read guidance note 13)

Post Town:	Postcode:
Daytime contact telephone number E-mail address (optional)	

Jack Mezzetti
Mimis Cromer Ltd
16 Garden Street, Cromer, Norfolk, NR27 9HN

[redacted]
[redacted]