



The Licensing Team
Environmental Health & Housing
North Devon Council
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APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

Form Ref: LA03/PL 9

Privacy Notice – privacy & data protection

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: www.northdevon.gov.uk/privacy

If you require this document in an alternative format, please contact us.

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 or typed in black ink. Use additional sheets if necessary. You should keep a copy of the completed form for your records.

APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

I/We* J and M Sharp Ltd

[insert name(s) of applicant(s)]

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 name and address of premises or, if none, ordnance survey map reference or description	The Coffee Mill, 7 Riverside Road,
Post Town Lynmouth	Postcode EX35 6EX
Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 19000

Part 2 – Applicant details	
Please state whether you are applying for a premises licence as	
Please select 'X'	
a) an individual/individuals*	<input type="checkbox"/> please complete section (A)
b) a person other than an individual*	
i. as a limited company/limited liability partnership	<input checked="" type="checkbox"/> please complete section (B)
ii. as a partnership (other than limited liability)	<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	<input type="checkbox"/> please complete section (B)
f) a health service body	<input type="checkbox"/> 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	<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	<input type="checkbox"/>
• I am making the application pursuant to a	
<input type="checkbox"/> statutory function or	<input type="checkbox"/>
<input type="checkbox"/> a function discharged by virtue of Her Majesty's prerogative	<input type="checkbox"/>

(A) INDIVIDUAL APPLICANTS (fill in as applicable)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
Date of birth	I am 18 years old or over. Please select 'X' YES <input type="checkbox"/> NO <input type="checkbox"/>
Nationality	
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)	
Current residential address if different from premises address	
NOT APPLICABLE	
Post Town	Postcode
Daytime contact telephone number	
E-mail address (optional)	
SECOND INDIVIDUAL APPLICANT (if applicable)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
Date of birth	I am 18 years old or over. Please select 'X' YES <input type="checkbox"/> NO <input type="checkbox"/>
Nationality	
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)	
NOT APPLICABLE	
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	J and M Sharp Ltd
Address	Elmbank House, Church Hill, Fremington,
Post Town	Barnstaple,
Postcode	EX31 3BH
Registered number (where applicable)	15196549
Description of applicant (for example partnership, company, unincorporated association etc)	
Private Limited Company	
Telephone number (if any)	
E-mail address (optional)	

Part 3 – Operating Schedule			
When do you want the premises licence to start?	Day	Month	Year
As soon as Possible			
If you wish the licence to be valid only for a limited period, when do you want it to end?	Day	Month	Year
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.			
Please give a general description of the premises (please read guidance note 1)			
The premises is a garden café which currently sells coffee, soft drinks, pasties, sandwiches, paninis, cream teas and similar. We would like to be able to sell cans and bottles of beers, wine, and other similar products but not spirits. The interior space is approximately 30 meters squared and the kitchen roughly the same. The outside 'garden café' seating area is approximately 150 meters squared. The premises is on one floor.			
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)			
<i>(please select 'x')</i>			
Provision of regulated entertainment			
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 similar description to that falling within (e),(f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>		
Provision of late night refreshment (if ticking yes, fill in box I)			
<input type="checkbox"/>			
Supply of alcohol (if ticking yes, fill in box J)			
<input checked="" type="checkbox"/>			
In all cases complete boxes K, L and M			

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 <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
			State any seasonal variations for performing plays (please read guidance note 5)	
Wed				
Thur				
			Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

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 <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Wed				
Thur				
			Non standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4) <div></div>
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 5) <div style="background-color: orange; color: black; text-align: center; padding: 10px; font-weight: bold;">NOT APPLICABLE</div>
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
			Non standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 6)

D

Boxing or wrestling entertainments 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 <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon			<div style="background-color: orange; color: black; text-align: center; padding: 10px; font-weight: bold;">NOT APPLICABLE</div>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

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 <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon	15:00	22:00		
Tue	15:00	22:00	State any seasonal variations for the performance of live music (please read guidance note 5)	
Wed	15:00	22:00		
Thur	15:00	22:00	Non standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri	15:00	22:00		
Sat	15:00	22:00		
Sun	15:00	22:00		

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 <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon	15:00	22:00		
Tue	15:00	22:00	State any seasonal variations for playing recorded music (please read guidance note 5)	
Wed	15:00	22:00		
Thur	15:00	22:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri	15:00	22:00		
Sat	15:00	22:00		
Sun	15:00	22:00		

G

Performances 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	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
			NOT APPLICABLE			
Wed						
Thur						
Fri			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 6)			
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
							Outdoors	<input type="checkbox"/>
							Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
Tue								
			NOT APPLICABLE					
Wed								
Thur								
Fri			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)					
Sat								
Sun								
			Non standard timings. Where you intend to use the premises for this entertainment of a similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 6)					

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 <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue			NOT APPLICABLE	
Wed				
Thur			Non standard timings. Where the you to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

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 the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 5)	
Mon	09:00	22:00		
Tue	09:00	22:00		
Wed	09:00	22:00		
Thur	09:00	22:00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 6)	
Fri	09:00	22:00		
Sat	09:00	22:00		
Sun	09:00	22:00		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	Dr Jonathan Richard Sharp		
Date of birth	[REDACTED]		
Address	[REDACTED]		
Post Town	[REDACTED]	Postcode	[REDACTED]
Personal Licence number (if known)	Applying for through North Devon Council		
Issuing licensing authority (if known)			

K

Please highlight any adult entertainment or services, activities, or 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 or services will be provided

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	09:00	22:30	Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
Tue	09:00	22:30	
Wed	09:00	22:30	
Thur	09:00	22:30	
Fri	09:00	22:30	
Sat	09:00	22:30	
Sun	09:00	22:30	


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)	See Additional Sheet at the end of the application
b) The prevention of crime and disorder	See Additional Sheet at the end of the application
c) Public safety	See Additional Sheet at the end of the application
d) The prevention of public nuisance	See Additional Sheet at the end of the application
e) The protection of children from harm	See Additional Sheet at the end of the application

Checklist	Please tick <input checked="" type="checkbox"/>
• I have made or enclosed payment of the fee	<input type="checkbox"/>
• I have enclosed the plan of the premises	<input type="checkbox"/>
• I have sent copies of this application and plan to the responsible authorities and others where applicable	<input type="checkbox"/>
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable	<input type="checkbox"/>
• I understand that I must now advertise my application	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>
• [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).	<input type="checkbox"/>

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.	
Declaration	
<p>[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).</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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work. (please see note 15)</p>	
Signature:	
Date	01/05/2025
Capacity	Director
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	

a) General – all four licensing objectives (b, c, d and e)

G01: Prominent, clear notices shall be displayed at every public entrance stating the actual operating hours of the premises.

b) The prevention of crime and disorder

CD1: All staff engaged in licensable activity at the premises will receive training and information in relation to the following:

- i. The Challenge 25 scheme in operation at the premises, including the forms of identification that are acceptable.
- ii. The hours and activities permitted by the premises licence issued under the Licensing Act 2003 and conditions attached to the licence.
- iii. How to complete and maintain the refusal register in operation at the premises (in relation to the sale of alcohol).
- iv. Recognising the signs of drunkenness.
- v. The operating procedures for refusing service to any person who is drunk, under-age or appears to be under-age, or appears to be making a proxy purchase.
- vi. Action to be taken in the event of an emergency, including reporting an incident to the emergency services.

Training shall be recorded in documentary form and shall be regularly refreshed at no greater than 12 month intervals. Training records shall be made available for inspection and copying at reasonable times upon request of an authorised officer of a responsible authority. Training records will be retained for at least 12 months.

CD2: An incident log shall be kept and maintained at the premises which will include a log of the following, including pertinent details:

- i. Any incidents of disorder or of a violent or antisocial nature;
 - ii. All crimes reported to the venue, or by the venue to the police;
 - iii. All ejections of patrons;
 - iv. Any complaints received;
 - v. Seizures of drugs or offensive weapons;
 - vi. Any faults in the CCTV system;
 - vii. Any visits by a responsible authority (under the Licensing Act 2003) or emergency service.
- Records must be completed within 24 hours of any incident, and will contain the time and date, the nature of the incident, the people involved, the action taken and details of the person responsible for the management of the premises at the time of the incident. The logs shall be kept for at least 12 months following the date of entry and be made available for inspection and copying upon request of an authorised officer of a responsible authority.

CD3: The premises shall install, operate, and maintain a comprehensive digital colour CCTV system to the satisfaction of the Police. All public areas of the licensed premises including entry and exit points will be covered. The system must record clear images permitting the identification of individuals, and in particular enable facial recognition images (a clear head and shoulder image) of every person entering and leaving in any light condition. The CCTV system will continually record whilst the premises are open for licensable activities and during all times when customers remain on the premises. All equipment must have a constant and accurate time and date generation. All recordings will be stored for a minimum period of 31 days with date and time stamping. Recordings will be made available immediately upon the request of an authorised officer of a responsible authority throughout the entire 31 day period. The CCTV system will be capable of downloading images to a recognisable viewable format. The CCTV system will capture a minimum of 4 frames per second. The CCTV system will be fitted with security functions to prevent recordings being tampered with, i.e., be password protected.

CD4: All alcohol on display will be in such a position so as not to be obscured from the constant view of the staff.

CD5: In the event that an incident occurs for which the police have been called, the crime scene shall be preserved to enable police to carry out a full forensic investigation.

c) Public safety

PS1: The maximum number of persons (including staff) allowed at the premises shall not exceed 104.

PS2: The collection of glasses and bottles shall be undertaken at regular intervals to ensure there is no build-up of empties on the premises.

d) The prevention of public nuisance

PN1: A telephone number shall be made available and displayed in a prominent location where it can conveniently be read from the exterior of the premises by the public for local residents to contact in the case of noise-nuisance or anti-social behaviour by persons or activities associated with the premises. The telephone number will be a direct number to the management who are in control during opening hours. A record will be kept by management of all calls received, including the time, date and information of the caller, including action taken following the call. Records will be made available for inspection and copying by an authorised officer of a responsible authority throughout the trading hours of the premises.

PN2: No deliveries (in relation to licensable activities) to the premises shall take place between 23:00 hours and 07:00 hours.

PN3 During the hours of operation of the premises, sufficient measures will be taken to remove and prevent litter and waste arising or accumulating from customers in the area immediately outside the premises.

PN4: No collections of waste or recycling materials (including bottles) from the premises shall take place between 23:00 hours and 07:00 hours on the following day.

e) The protection of children from harm

CH1: All staff, supervisors and managers must be trained in the legality and procedure of alcohol sales, prior to undertaking the sale of alcohol and then at least every 12 months. Training shall be signed and documented. Training records must be kept on the premises and be made available for inspection and copying to an authorised officer of a responsible authority on request. The documentation relating to training should extend back to a period of at least 12 months and should specify the time, date and details of the persons both providing the training and receiving the training.

CH2: There will be in place a written age verification policy in relation to the sale or supply of alcohol, which will specify a Challenge 25 proof of age requirement. This means that staff working at the premises must ask individuals who appear to be under 25 years of age, attempting to purchase alcohol, to produce identification. The only acceptable identification documents will be:

- A photo driving licence
- A passport
- An identification card carrying the PASS hologram

Unless such identification is produced the sale of alcohol must be refused. This policy will include documented steps taken to prevent adults from purchasing alcohol for or on behalf of children under 18.

CH3: The premises shall display prominent signage indicating at any point of sale that a Challenge 25 scheme is in operation.

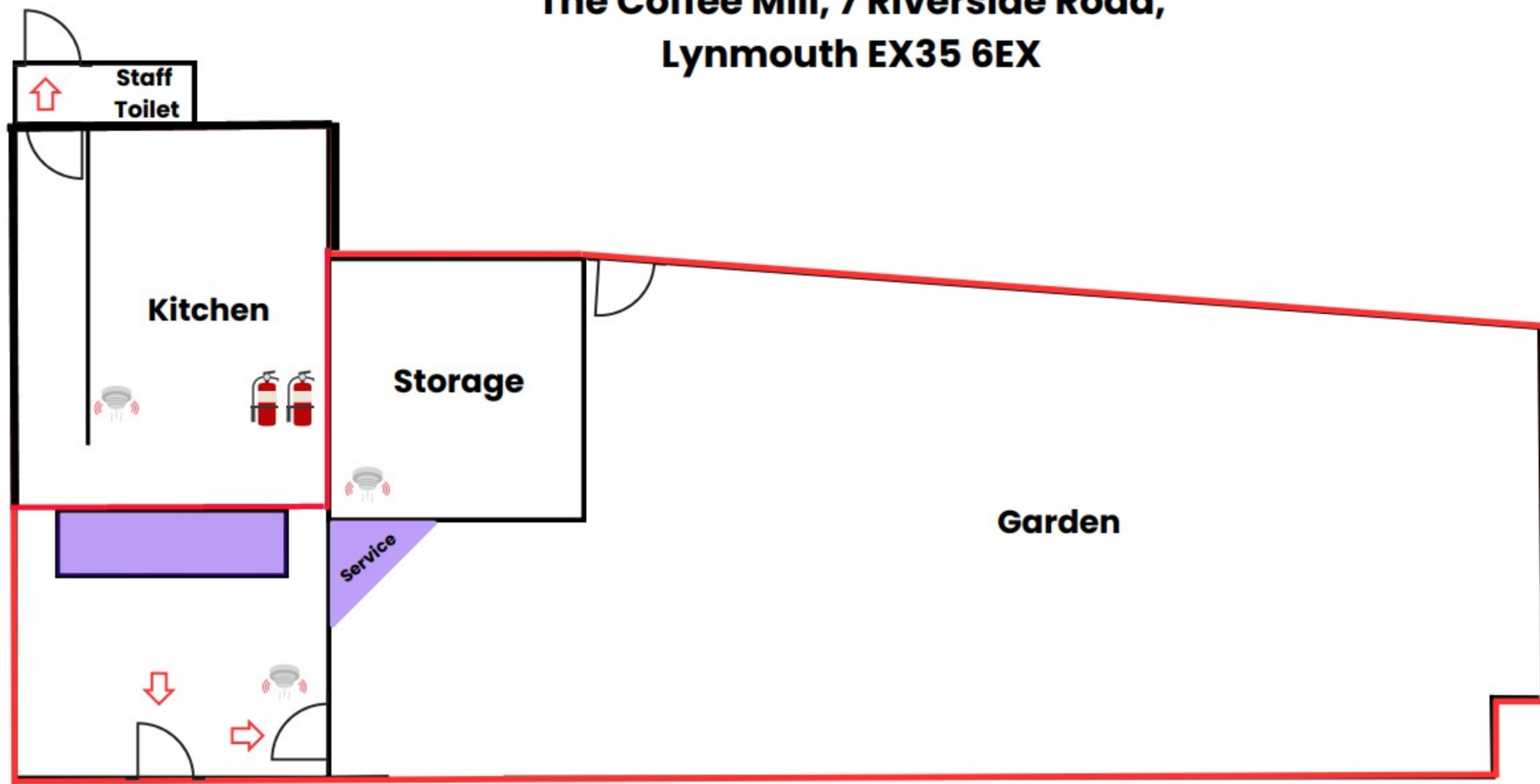
e) The protection of children from harm (Continued)

CH4: An alcohol sales refusal register shall be kept at the premises and be maintained to include details of all alcohol sales refused. The register will include:

- i. the date and time of refusal
- ii. the reason for refusal
- iii. details of the person refusing the sale
- iv. description of the customer
- v. any other relevant observations


The refusals register will be made available for inspection and copying on request of an authorised officer of a responsible authority. All entries must be made within 24 hours of the refusal.

The Coffee Mill, 7 Riverside Road, Lynmouth EX35 6EX



 Supply of alcohol

 Fire alarm

 Fire extinguisher

 Bar

 Fire exit

Scale: 1:100 @ A1