



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

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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

We The Plant Bar Vegan Cafe Ltd

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 Plant Bar Cafe Custom House 9 The Strand	
Post Town Barnstaple	Postcode EX31 1EU
Telephone number at premises (if any) XXXXXXXXXX	
Non-domestic rateable value of premises £ 15,750	

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	
d) a charity	<input type="checkbox"/> please complete section (B)
e) the proprietor of an educational establishment	
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	
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	

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)	
NOT APPLICABLE	
Current residential address	
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	The Plant Bar Vegan Cafe LTD		
Address	Unit I, Gammon Walk,		
Post Town	Barnstaple	Postcode	EX31 1DJ
Registered number (where applicable)	15042535		
Description of applicant (for example partnership, company, unincorporated association etc) Limited Company			
Telephone number (if any)			
E-mail address (optional) [REDACTED]			

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
	N/A		
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		
Please give a general description of the premises (please read guidance note 1) Cafe/Restaurant with 2 floors. Alcohol to be sold for consumption on the premises			
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 checked="" 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				
Fri			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)	
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				
Fri			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)	
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			State any seasonal variations for boxing or wrestling (please read guidance note 5) <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 checked="" 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 performance of live music (please read guidance note 5) New Years Eve from 23:00 to 01:00 on New Years Day	
Wed				
Thur				
Fri			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)	
Sat				
Sun				

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon	08:00	23:30		
Tue	08:00	23:30		
			State any seasonal variations for playing recorded music (please read guidance note 5) New Years Eve from 23:30 to 01:00 on New Years Day	
Wed	08:00	23:30		
Thur	08:00	23:30		
Fri	08:00	23:30	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)	
Sat	08:00	23:30		
Sun	08:00	23:30		

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				
Wed				
			State any seasonal variations for the performance of dance (please read guidance note 5)	
Thur			<div style="background-color: orange; color: black; text-align: center; padding: 10px; font-weight: bold;">NOT APPLICABLE</div>	
Fri				
Sat				
Sun				
			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)	

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)	
			Outdoors <input type="checkbox"/>			
			Both <input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed						
			entertainment of a similar (f) or (g) (please read guidance note 5)			
Thur			<div style="background-color: orange; color: black; text-align: center; padding: 10px; font-weight: bold;">NOT APPLICABLE</div>			
Fri						
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 checked="" 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			State any seasonal variations for the provision of late night refreshment (please read guidance note 5) New Years Eve from 23:00 to 01:00 on New Years Day	
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 checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 5) New Years Eve from 23:00 to 00:30 on New Years Day	
Mon	10:00	23:00		
Tue	10:00	23:00		
Wed	10:00	23:00		
Thur	10:00	23:00	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	10:00	23:00		
Sat	10:00	23:00		
Sun	10:00	23:00		

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	Michele Caldon		
Date of birth	[REDACTED]		
Address	[REDACTED]		
Post Town	[REDACTED]	Postcode	[REDACTED]
Personal Licence number (if known)	NDEVPA2889		
Issuing licensing authority (if known)	North Devon Council		

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)

None

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) New Years Eve from 23:30 to 01:00 on New Years Day
Day	Start	Finish	
Mon	08:00	23:30	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	08:00	23:30	
Wed	08:00	23:30	
Thur	08:00	23:30	
Fri	08:00	23:30	
Sat	08:00	23:30	
Sun	08:00	23:30	

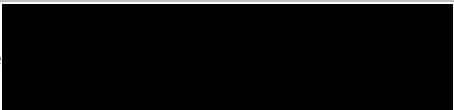
M

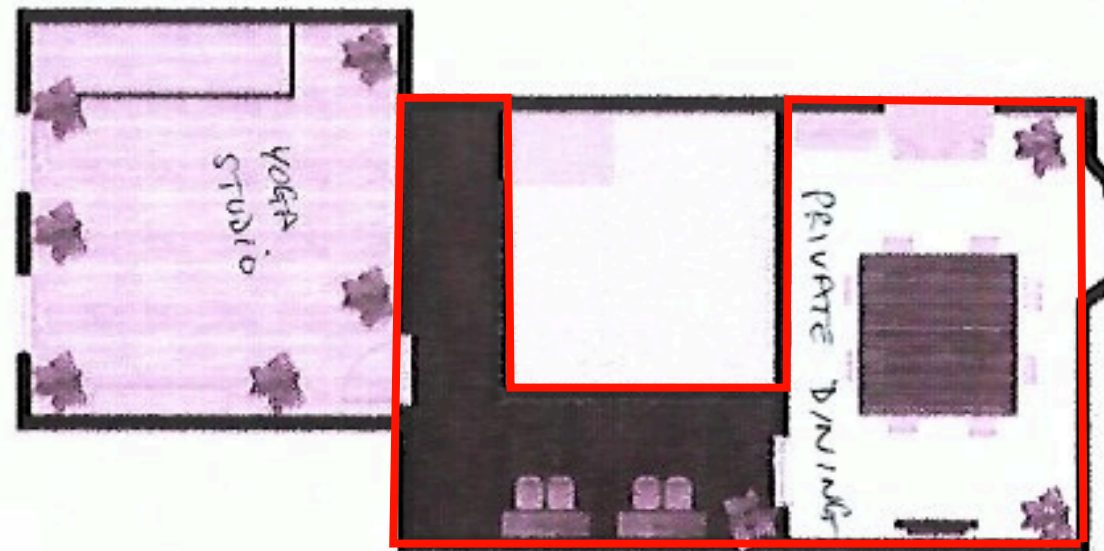
Describe the steps you intend to take to promote the four licensing objectives:	
a)	General – all four licensing objectives (b,c,d,e) (please read guidance note 9) We will Operate in Full Compliance with the Licensing Act 2003 and all relevant guidance. Staff will be trained in the four licensing objectives Challenge 25 and responsible alcohol retailing
b)	The prevention of crime and disorder All staff will be trained on identifying and dealing with alcohol related disorder and the refusal of service to intoxicated or aggressive individuals. Zero Tolerance policy to drug use and violence Refusals and incident Register
c)	Public safety Regular Risk assessments. Exits will remain unobstructed Capacity Limits will be enforced
d)	The prevention of public nuisance Signage for leaving quietly Noise levels will be controlled within acceptable limits Waste will be managed responsibly
e)	The protection of children from harm Strict Challenge 25 Children must be accompanied by an adult No alcohol will be served or sold to anyone under the age of 18, inline with uk Licensing Law.

Checklist	Please tick ✓
• 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	14/07/2025
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	



First Floor



Ground Floor