



**The Licensing Team**  
Environmental Health &  
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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](http://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.



d) <del>a charity</del> please complete section (B)	
e) <del>the proprietor of an educational establishment</del> please complete section (B)	
f) <del>a health service body</del> please complete section (B)	
g) <del>a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales</del>	please complete section (B)
ga) <del>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</del>	please complete section (B)

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h) <del>the chief officer of police of a police force in England and Wales</del>	please complete section (B)
* If you are applying as a person described in (a) or (b) please confirm:	
<input checked="" type="checkbox"/>	· 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
<input type="checkbox"/>	statutory function or
<input type="checkbox"/>	a function discharged by virtue of Her Majesty's prerogative

<b>(A) INDIVIDUAL APPLICANTS</b> (fill in as applicable)
Title: Mr Mrs Miss Ms Dr Other ( <i>please specify</i> )
Surname

Forenames
Date of birth I am 18 years old or over. Please select 'X' YES NO
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)
<b>Not Applicable</b>
Current residential address if different from premises address
Post Town Postcode
Daytime contact telephone number
E-mail address (optional)
<b>SECOND INDIVIDUAL APPLICANT</b> (if applicable)
Title: Mr Mrs Miss Ms Dr Other ( <i>please specify</i> )
Surname
Forenames
Date of birth I am 18 years old or over. Please select 'X' YES NO
<b>Not Applicable</b>
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 postal address if different from premises address
Post Town Postcode
Daytime contact telephone number
E-mail address (optional)

<b>(B) OTHER APPLICANTS</b>
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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 Blackingstone Ltd
Address: Blakingstone Ltd. PR Consulting (SW) Ltd. The Coach House, Anstey Way, Instow, EX39 4JF
Post Town Postcode EX34 7EX
Registered number (where applicable) 11575537
Description of applicant (for example partnership, company, unincorporated association etc) <b>Limited Company</b>
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

<b>Part 3 – Operating Schedule</b>
When do you want the premises licence to start? ASAP
If you wish the licence to be valid only for a limited period, when do you want it to end? N/A
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. N/A
Please give a general description of the premises (please read guidance note 1) The premises is to be a Gin and Whisky distillery. It is comprised of 3 areas. There largest area measuring 13m x 12m will be used for storage and housing and using the still. One room will be used for storage and bottling and measures 5m x 12m. The other area measures 4m x 4m and will also be used for storage. Blackingstone Ltd is looking to change production to this premises and sell to wholesalers from here as well as use it as a base to send out online purchases and in future to offer tours of the distillery with tasting sessions for the general
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>
<b>Provision of regulated entertainment</b>
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 similar description to that falling within (e),(f) or (g) (if ticking yes, fill in box H)
<b>Provision of late night refreshment</b> (if ticking yes, fill in box I)
<b>Supply of alcohol</b> (if ticking yes, fill in box J) <b>X</b>
<b>In all cases complete boxes K, L and M</b>

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors		
				Outdoors		
				Both		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)			
Mon						
Tue					<b>Not Applicable</b>	
					<b>State any seasonal variations for performing plays</b> (please read guidance note 5)	
Wed						
Thur						

Fri			<b>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</b> (please read guidance note 6)
Sat			
Sun			

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors
				Outdoors
				Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)	
Tue				
Wed			<b>Not Applicable</b>	
Thur				
Fri			<b>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</b> (please read guidance note 6)	
Sat				
Sun				

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			

**Not Applicable**

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors
				Outdoors
				Both
Day	Start	Finish	<b>Not Applicable</b> here (please read guidance note 4)	
Mon				

Tue			
			<b>State any seasonal variations for boxing or wrestling</b> (please read guidance note 5)
Wed			
Thur			
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Sat			
Sun			

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors
				Outdoors
				Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon			<b>Not Applicable</b>	
Tue				
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)	
Wed				
Thur				

			<p><b>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)</b></p>
Fri			
Sat			
Sun			

**F**

<p><b>Recorded music</b> Standard days and timings (please read guidance note 7)</p>			<p><b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)</p>	<p>Indoors</p>	
				<p>Outdoors</p>	
				<p>Both</p>	
Day	Start	Finish	<p><b>Please give further details here</b> (please read guidance note 4)</p>		
Mon			<p><b>Not Applicable</b></p>		
Tue					
			<p><b>State any seasonal variations for playing recorded music</b> (please read guidance note 5)</p>		
Wed					
Thur					
Fri			<p><b>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)</b></p>		
Sat					
Sun					

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**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors
					Outdoors
					Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon			<b>Not Applicable</b>		
Tue					
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)	<b>Please give a description of the type of entertainment you will be providing</b>	
	<b>Will the entertainment take place indoors</b>	Indoors

			<b>or outdoors or both – please tick</b> (please read guidance note 3)	Outdoors
				Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) <b>Not Applicable</b>	
Mon				
Tue				
			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)	
Wed				
Thur				
			<b>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</b> (please read guidance note 6)	
Fri				
Sat				
Sun				

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors
				Outdoors
				Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) <b>Not Applicable</b>	
Mon				
Tue				

			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)
Wed			
Thur			
			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	
				Both Yes
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations</b> (please read guidance note 5) No seasonal variation  The timings for 24 hours allow for the supply of alcohol through our online offering. Any tours that would be arranged for the general public at the distillery would not go beyond 22:00	
Mon	00.00	00.00		
	(24 hrs)			
Tue	00.00	0.00		
	(24 hrs)			
Wed	00.00	00.00		
	(24 hrs)			
Thur	00.00	00.00		
	(24 hrs)			
Fri	00.00	00.00		
	(24 hrs)			
				<b>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</b> (please read guidance note 6)

Sat	00.00	00.00	
	(24 hrs)		
Sun	00.00	00.00	
	(24 hrs)		

**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 Thomas Foster

Date of birth

Address:

Post Town Postcode

Personal Licence number (if known) CV218000673

Issuing licensing authority (if known) Coventry City 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) N/A**

**Not Applicable**

**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) Nil variation

Day	Start	Finish
Mon	00:00	00:00

			<p><b>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)</b></p>
Tue	00:00	00:00	
Wed	00:00	00:00	
Thur	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	00:00	

**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 used solely for the production, storage, packaging and dispatch of alcohol for sale at a distance (e.g. online/telephone orders). There will be no public access to the premises and no on-site consumption of alcohol.

We are committed to promoting the four licensing objectives through age verification procedures, secure storage, staff training, safe working practices, and responsible dispatch procedures. Risk assessments will be carried out and reviewed regularly.

**b) The prevention of crime and disorder**

The premises will not be open to members of the public.

Alcohol will be stored securely within the building.

Access to the premises will be restricted to authorised staff only.

An incident/refusals log will be maintained.

AWRS will be checked for sales

Deliveries will be made using reputable fulfillment and courier services

Orders suspected to be fraudulent or intended for underage persons will be refused.

**c) Public safety**

No members of the public will attend the premises.

Fire safety equipment will be installed and maintained in accordance with regulations.

Appropriate insurance will be in place.

Staff will receive training in safe handling, storage and dispatch of alcohol.

The premises will comply with health and safety legislation.

Deliveries and collections will be managed to avoid obstruction or hazards.

**d) The prevention of public nuisance**

There will be no public attendance at the premises.

No on-site consumption of alcohol will take place.

Dispatch and courier collections will take place during reasonable daytime/business hours.

Noise will be kept to a minimum.

Waste disposal (including bottles/packaging) will be managed responsibly and during appropriate hours.

Deliveries will be scheduled to avoid disturbance to neighbours.

**e) The protection of children from harm**

Online age verification checks will be conducted at the point of sale.

Alcohol will only be dispatched using couriers that operate age verification at delivery.

Deliveries will require a signature from a person aged 18 or over.

No alcohol will be left unattended.

Staff will receive training on underage sales prevention.

A refusals register will be maintained and reviewed regularly.

**Checklist**

**Please tick**

· I have made or enclosed payment of the fee £100
· I have enclosed the plan of the premises Y
· I have sent copies of this application and plan to the responsible authorities and others where applicable Y
· I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable Y
· I understand that I must now advertise my application Y
· I understand that if I do not comply with the above requirements my application will be rejected Y
· [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).

**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.**

<b>Part 4 – Signatures (please read guidance note 11)</b>
<b>Signature of applicant or applicant’s solicitor or other duly authorised agent.</b> (see guidance note 12) <b>If signing on behalf of the applicant please state in what capacity.</b>
<b>Declaration</b>

[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, 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)

Signature: Thomas Foster

Date 13th March 2026

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 13) If signing on behalf of the applicant please state in what capacity.**

Signature:

Date

Capacity

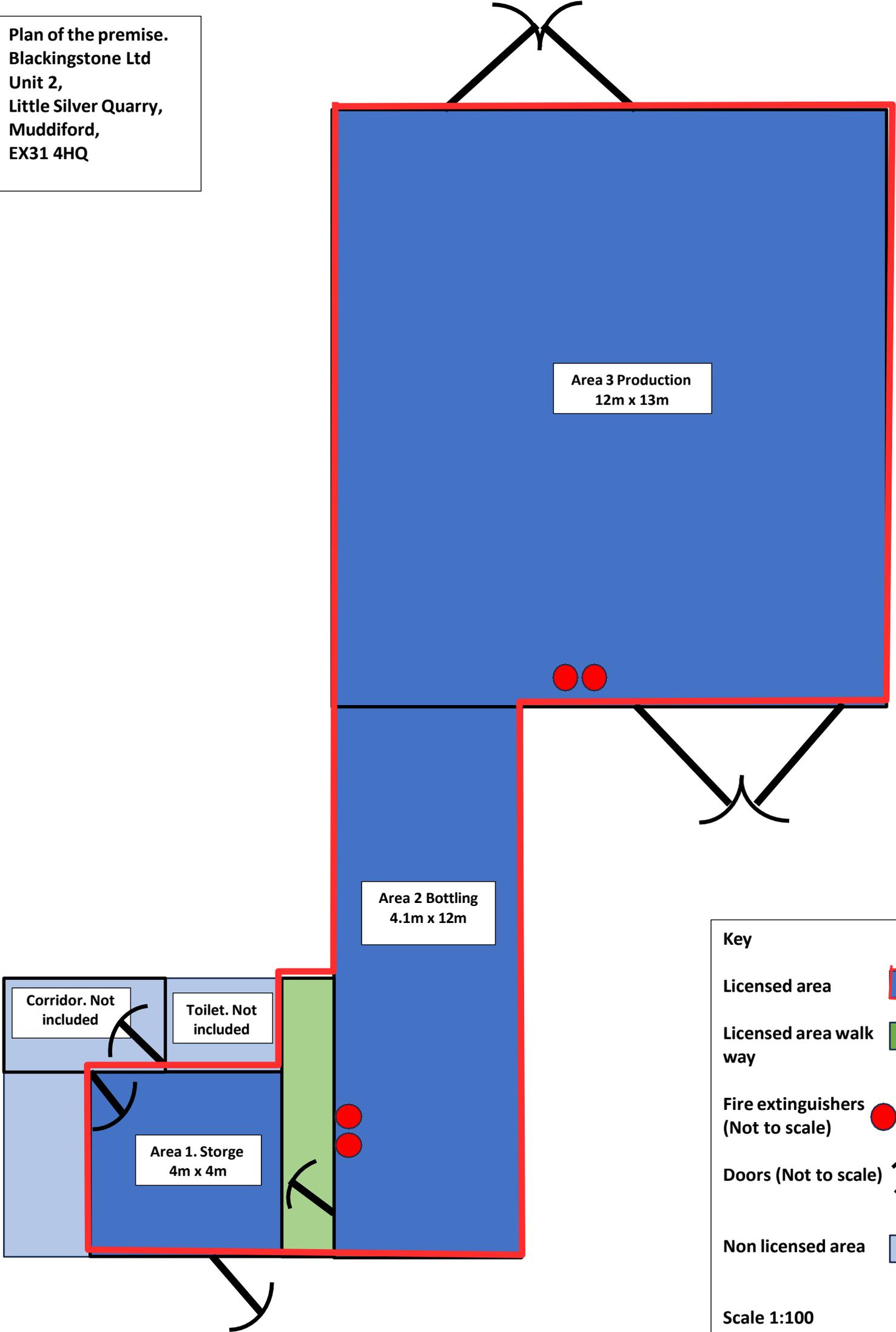
**Part 5 – Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)**

Post town Post code

Telephone number (if any)

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

Plan of the premise.  
Blackingstone Ltd  
Unit 2,  
Little Silver Quarry,  
Muddiford,  
EX31 4HQ



Corridor. Not included

Toilet. Not included

Area 1. Storage  
4m x 4m

Area 2 Bottling  
4.1m x 12m

Area 3 Production  
12m x 13m

**Key**

- Licensed area 
- Licensed area walk way 
- Fire extinguishers (Not to scale) 
- Doors (Not to scale) 
- Non licensed area 

Scale 1:100