

NOTICE OF APPLICATION FOR GRANT OF
A NEW PREMISES LICENCE

Notice is hereby given that Repurposed Limited has applied for a Premises Licence in respect of premises known as The Bank @Belper, 34 King Street, Belper, Derbyshire DE56 1PS.

It is proposed as follows: *(list of activities applied for including days of the week and times applied for)*

The sale by retail of alcohol for consumption on the premises every day from 11:00 until 22:30.

A copy of the Application can be inspected at the offices of Amber Valley Borough Council, Town Hall, Ripley, Derbyshire DE5 3XE between 10am and 4pm Monday to Friday or online at www.ambervalley.gov.uk/licensing

This application was lodged with Amber Valley Borough Council Licensing Authority on 12/05/2022 and any representations must be made in writing to Amber Valley Borough Council at the above address or via licensing@ambervalley.gov.uk no later than 09/06/2022 being 28 days from the date of application.

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.

Dated 12 May 2022



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 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 in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We Reverpos Limited
(insert name(s) of applicant)
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 address of premises or, if none, ordnance survey map reference or description			
34 KING STREET, BARBER, DERBYSHIRE.			
Post town	BARBER	Postcode	DE56 1AS
Telephone number at premises (if any)		NOT INSTALLED AS YET	
Non-domestic rateable value of premises		£	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate. Please tick as appropriate.

- | | |
|---|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | <input checked="" type="checkbox"/> please complete section (B) |
| i) as a limited company/limited liability partnership | <input 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) ☐ 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) a person 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 (ii) or (b) please confirm (by ticking yes to one box below).

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 ☐

(A) INDIVIDUAL APPLICANTS (as in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname		First names		
Date of birth over		I am 18 years old or <input type="checkbox"/> Please tick yes		
Nationality				
Current residential address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				
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 16 for information)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other Title (for example, Rev) <input type="checkbox"/>	
Surname	First names
Date of birth over <input type="checkbox"/> I am 18 years old or <input type="checkbox"/> Please tick yes	
Nationality	
Current postal address if different from premises address	
Post town	Postcode
Daytime contact telephone number	
E-mail address (optional)	
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) 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	REARFORD LIMITED
Address	SAINT BETH, 5 MARKET PLACE, WILKESBORO, MARTON, DERBYSHIRE, DE4 4ET
Registered number (where applicable)	COMPANY NO - 10809143

Description of applicant (for example: partnership, company, unincorporated association etc.):
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?

DD MM YYYY
09/06/2012

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

DD MM YYYY
 [REDACTED]

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

FORMERLY THE RBS BANK WHICH CLOSED IN JAN 2011, LOCATED ON KING STREET, BURY. ADJACENT TO OTHER ESTABLISHMENTS OFFERING FOOD/BANK DAILY SEVEN DAYS A WEEK. THIS IS TO BE OFFERED AS A CAFE/CAFÉ/RESTAURANT DURING THE WEEKENDS.

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

No/Ac

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)	Please tick all that apply
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 type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input type="checkbox"/>
g) performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>
h) anything of a similar description to that falling within (a), (f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>

Provision of late night refreshment (if taking yes, fill in box I)

☐

Supply of alcohol (if taking yes, fill in box J)

☒

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				
Mon			Please give further details here (please read guidance note 4)			
Tue						
Wed			State any seasonal variations for performing plays (please read guidance note 5)			
Thur						
Fri			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 (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 <u>indoors or outdoors or both</u> - please tick (please read guidance note 3)	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed				
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Fri				
Sat				
Sun			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 (please read guidance note 6)	

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri			
Sat			
Sun			

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)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 4):

State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5):

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):

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 type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
			State any seasonal variations for the performance of live music (please read guidance note 5)		
Fri					
Sat					
Sun					
			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 (please read guidance note 6)		

F

Recorded music Standard days and times (please read guidance note 1)			Will the playing of recorded music take place indoors or outdoors or both – <u>please tick</u> (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 playing of recorded music (please read guidance note 5)		
Wed			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 (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

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)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 4)

State any seasonal variations for the performance of dance
(please read guidance note 5)

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 (please
read guidance note 6)

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and times (please read guidance note 7)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	Will this 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"/>
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed				
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)	
Fri				
Sat			Non standard times. Where you intend to use the premises for the entertainment of a 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)	
Sun				

Late night refreshment Standard days and times (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 4)		
Mon					
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)		
Thur					
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"/>
Day	Start	Finish	Off the premises <input type="checkbox"/>	
Mon	11:00	22:30	State any seasonal variations for the supply of alcohol (please read guidance note 5)	N/A
Tue	11:00	22:30		
Wed	11:00	22:30		
Thur	11:00	22:30	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 (please read guidance note 6)	N/A
Fri	11:00	22:30		
Sat	11:00	22:30		
Sun	11:00	22:30		

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	LEE SCOTT RICHARDS
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	DERBYSHIRE DALES DISTRICT COUNCIL

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 5)

N/A

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	9:00	23:00	N/A
Tue	9:00	23:00	
Wed	9:00	23:00	
Thur	9:00	23:00	<p>Non standard timings. Where you intend 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)</p> <p>N/A</p>
Fri	9:00	23:00	
Sat	9:00	23:00	
Sun	9:00	23:00	

M Describe the steps you intend to take to promote the four licensing objectives

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

TO MAINTAIN CLEAR UNDERSTANDING, TO PREVENT, PROTECT, PROMOTE NO PUBLIC NUISANCE, KEEP PUBLIC SAFE TO AVOID ANY CRIME AND DISORDER.

b) The prevention of crime and disorder

MANAGEMENT OF PREMISES - EFFECTIVE.
STAFF TRAINING AND SUPERVISION.
CCTV - MONITOR
USE OF DOOR STAFF - EVENTS.

c) Public safety

UPDATE RISK ASSESSMENT ON A REGULAR BASIS.
QUANTITY AND QUALITY OF STAFF NUMBERS
TRAINING AND SUPERVISION OF STAFF - REGULAR
CCTV USE - MONITOR

d) The prevention of public nuisance

CONTROLLED OPERATING HOURS,
CCTV AWARENESS,
STAFF TRAINING ON PUBLIC NUISANCE
(NOISE/VIOLENCE/GRUFS/POSSIBILITIES)

e) The protection of children from harm

SALES TO CHILDREN - CHALLENGE ARIE REG,
LIMIT TO CHILDREN ON THE PREMISES - O,
TYPES OF PROFIT - ACCEPTANCE / BEST PRACTICE.
NUMBER OF STAFF TO HELP PROTECT CHILDREN
FROM HARM

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee *Please See Invoice* ☒ *Pay by / cash*
- I have enclosed the 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 designated premise supervisor, if applicable ☒
- I understand that I must now advertise my application ☒
- I understand that if I do not comply with the above requirements 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 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 168 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)

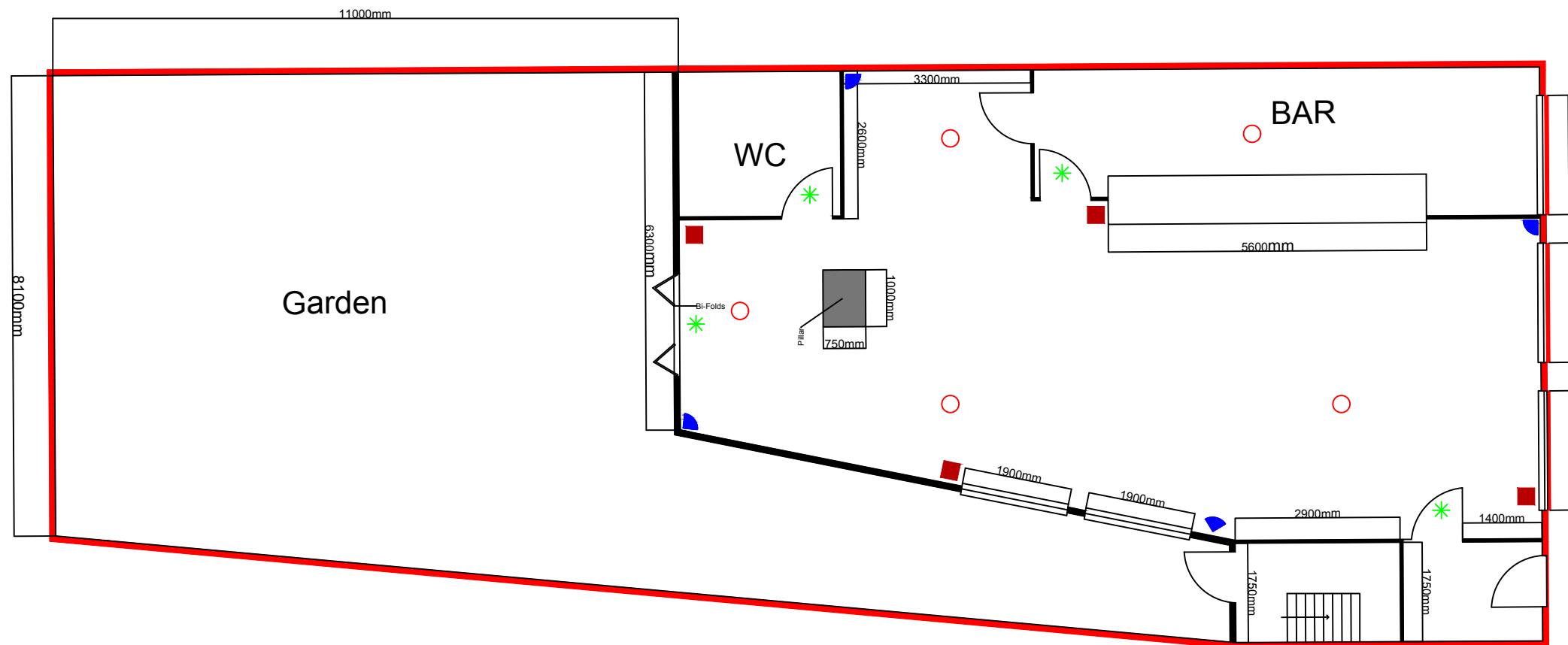
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<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 (or we) do not have the right 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	[Redacted]
Date	11-5-2022
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	[Redacted]
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
CONTACT - MR LEE SACHIN KUMAR FEDERATION LTD, 5 MARKET PLACE, WILKINSBURGH,	
Post town	MANCHESTER
Postcode	M14 4ET
Telephone number (if any)	[Redacted]
If you wish to provide an alternative address (optional)	[Redacted]



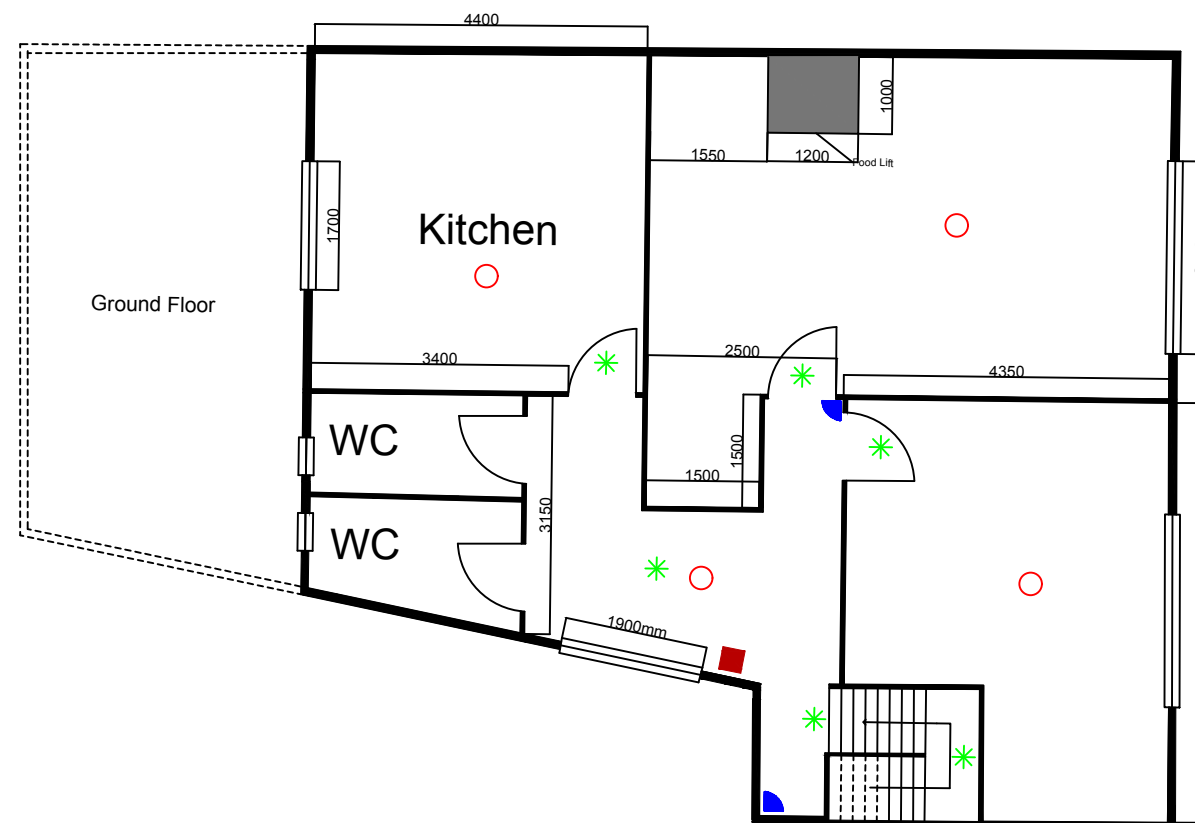
The Bank @Belper
 34 King Street
 Belper
 Derbyshire
 DE56 1PS

Scale: 1:100

Key:

- * Emergency Lights
- Smoke Detectors
- Fire Extinguisher
- ▲ CCTV

Dated: 28.03.2022



The Bank @Belper
 34 King Street
 Belper
 Derbyshire
 DE56 1PS
 Upper Floor

Scale: 1:100

Key:

- * Emergency Lights
- Smoke Detectors
- Fire Extinguisher
- ▲ CCTV

Dated: 07.04.2022