

[Hastings Borough Council]

**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 Silviya Savova

*(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 <b>67 Eversfield Place, St Leonards-On-Sea, East Sussex, TN37 6DB, United Kingdom</b>			
<b>Post town</b>	St Leonards-On-Sea	<b>Postcode</b>	<b>TN37 6DB</b>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<b>£6,100.00</b>	

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

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

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a  
 statutory function or ☐  
 a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Savova			<b>First names</b> Silviya		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		[REDACTED]			
Post town	St Leoards-On-Sea			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD		MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**"Goldfish" Restaurant is traditional restaurant with take away section. It is situated on Eversfield Place (A259) opposite of Hastings pier. The premises are currently under new management. The restaurant sells a number of traditional dishes from the European cuisine. Has approximately 40 seats inside and additional benches outside. With this application I am looking into the possibility to offer refreshments to go with the food. The refreshments are to be two –three types of beer, house wine and some cocktails.**

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

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)

Provision of regulated entertainment

Please tick any 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 (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) None		
Mon	11:00	22:30			
Tue	11:00	22:30			
Wed	11:00	22:30			
Thur	11:00	22:30			
Fri	11:00	22:30			
			<b>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</b> (please read guidance note 5)  Possible supply of alcohol until 12:30 am on New Year's Eve.		
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:**

Name <b>Miss Silviya Savova</b>	
Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
Postcode <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
Personal licence number (if known)	
Issuing licensing authority (if known)	

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).**

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	10:00	23:00	<p><b><u>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</u></b> (please read guidance note 5)</p> <p>Possible extended hours only on New Years Eve until 12:30am</p>
Tue	10:00	23:00	
Wed	10:00	23:00	
Thur	10:00	23:00	
Fri	10:00	23:00	
Sat	10:00	23:00	
Sun	10:00	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 9)**

In order to address adequate Prevention of Crime and Disorder “Goldfish” restaurant has appointed DPS, Manager and well trained staff in place. The management of “Goldfish” takes additional care to avoid overcrowding, noise, littering or anything else related to the safety of the public. The management and staff of “Goldfish” restaurant operates while taking care to follow all the Health & Safety standards and applying them on the day-to-day procedures.

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

In order to prevent the crime and disorder at the premises “Goldfish” Restaurant relies on CCTV on place. Also has appointed DPS, Manager and well trained staff in place. The management of “Goldfish” takes additional care to avoid overcrowding, noise, littering or anything else related to the safety of the public. The management and staff of “Goldfish” restaurant operates while taking care to follow all the Health & Safety standards and applying them on the day-to-day procedures.

**c) Public safety**

**d) The prevention of public nuisance**

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

**Checklist:**

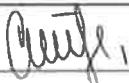
Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- 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 premises supervisor, if applicable. ☐
- I understand that I must now advertise my application. ☐
- I understand that if I do not comply with the above requirements my application will be rejected. ☐

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	03/08/2015
Capacity	Designated Premises Supervisor

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

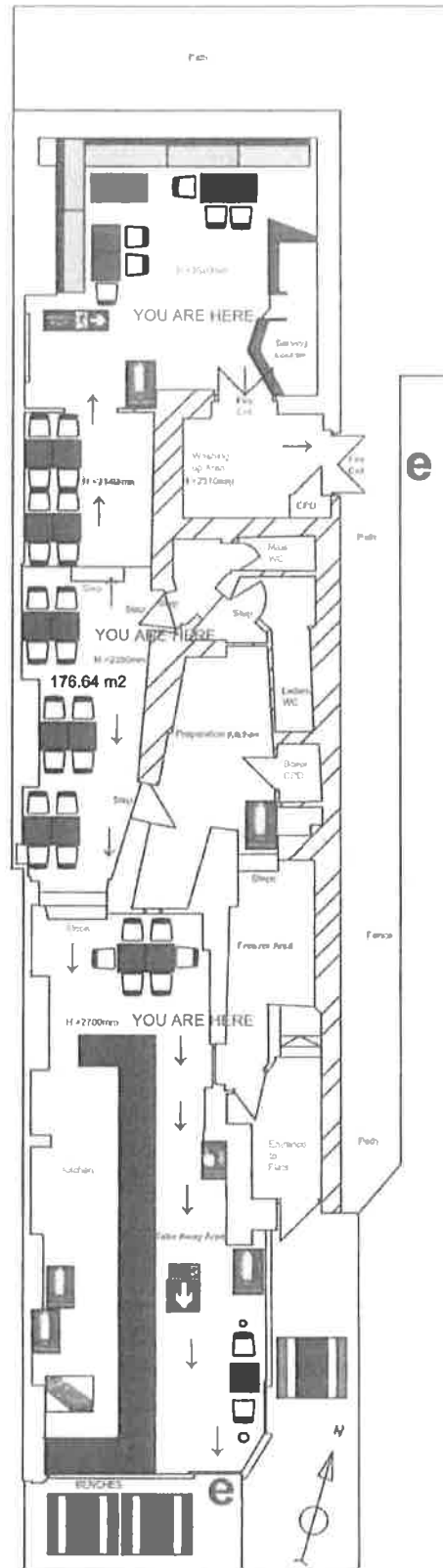
Signature	
Date	
Capacity	

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)**

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



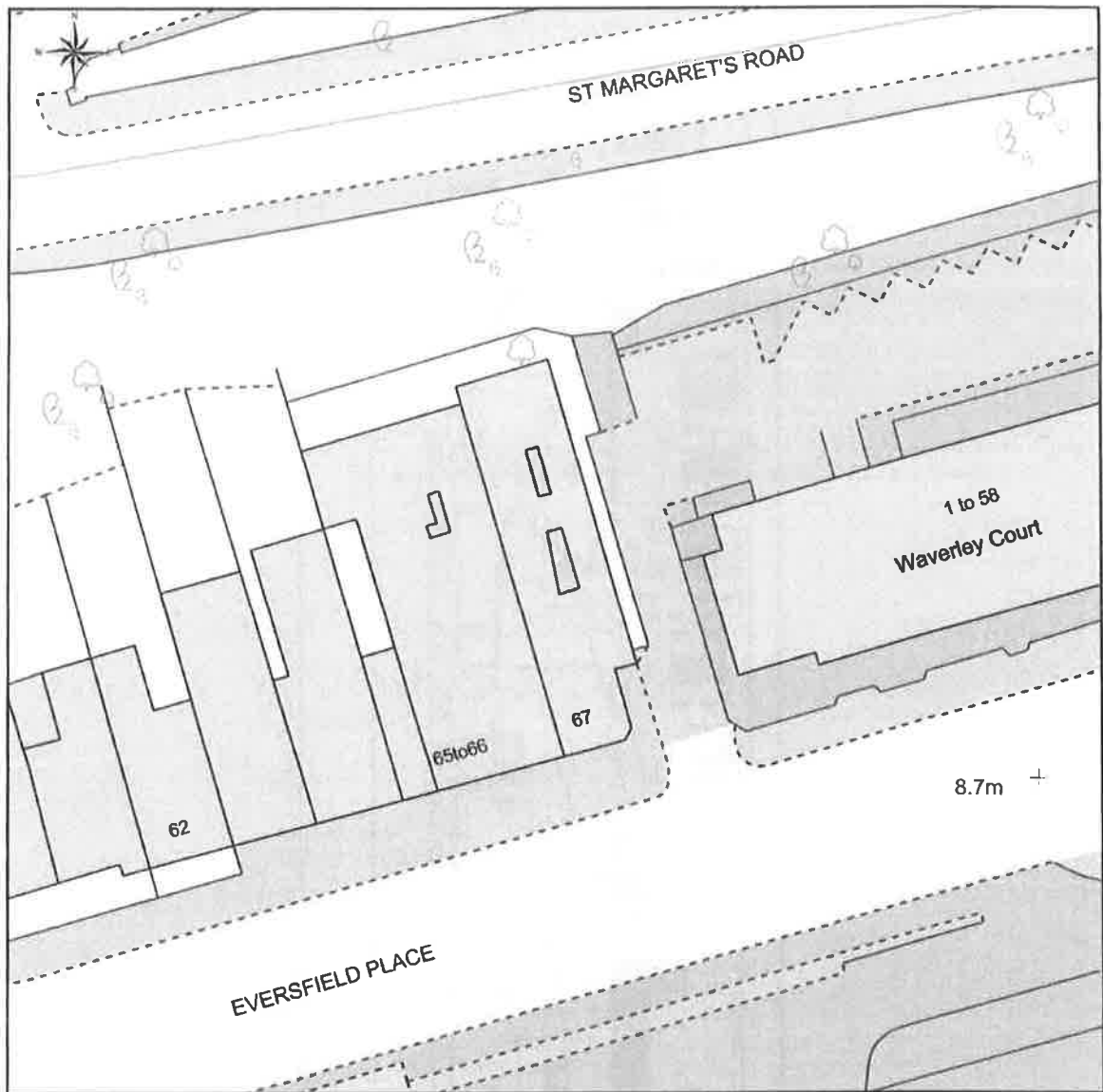
**GOLDFISH RESTAURANT**  
**67 EVERSFIELD PLACE, ST LEONARDS ON SEA, TN37 6DB**  
**EMERGENCY PLAN**  
 Scale 1:100



**IN CASE OF EMERGENCY**  
 1 RAISE THE ALARM AND CALL 999  
 2 ASSIST OTHERS AND LEAVE THE BUILDING VIA NEAREST EXIT  
 3 DO NOT RE-ENTER THE BUILDING UNTIL GIVEN PERMISSION TO DO SO



# Site Plan/Block Plan near 67 Eversfield Place TN37 6DB



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Scale: 1:500, paper size: A4