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 WILLIAM HEBBORN
(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			
UNIT 3 SEAVIEW COURT PIER APPROACH WALTON-ON-THE NAZE ESSEX CO14 8DZ			
Post town	WALTON - ON - THE NAZE	Postcode	CO14 8DZ

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	**£**

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

a) an individual or individuals * ☑ please complete section (A)

b) a person other than an individual *

i. as a limited company ☑ N/A please complete section (B)

ii. as a partnership ☐ please complete section (B)

iii. as an unincorporated association or ☐ 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 (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 ☑ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname HEBBORN		**First names** WILLIAM JAMES	
I am 18 years old or over		☑ Please tick yes	
Current postal address if different from premises address	HEBBORNS YARD OLD BICESTER ROAD KIDLINGTON OXFORD		
Post town	OXFORD	Postcode	OX52PX
Daytime contact telephone number	[redacted]		
E-mail address (optional)	[redacted]		

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY: 11 07 2026

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

DD MM YYYY:

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

UNIT 3 SEAVIEW COURT IS HOME TO THE GOLDDUST F.E.C ARCADE THE BAR FOR WHICH WE REQUIRE THIS LISENCE FOR, WILL BE LOCATED IN ONE END OF THE ARCADE

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

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)	☐
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 a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	☐
Provision of late night refreshment (if ticking yes, fill in box I)	☐
Supply of alcohol (if ticking yes, fill in box J)	☑

In all cases complete boxes K, L and M

A

J

Supply of alcohol Standard days and timings (please read guidance note 6)			**Will the supply of alcohol be for consumption – please tick** (please read guidance note 7)		
Day	Start	Finish		On the premises	☑
Mon	12:00	22:00		Off the premises	☑
Tue	12:00	22:00		Both	☑
Wed	12:00	22:00	**State any seasonal variations for the supply of alcohol** (please read guidance note 4) DURING WINTER MONTHS OCTOBER - MARCH THERE WILL BE LIMITED OPENING DUE to being less foot fall.		
Thur	12:00	22:00	**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 5)		
Fri	12:00	22:00			
	12:00	22:00			
Sat					
Sun	12:00	22:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	TAYLA HERRING
Address	[redacted]
Postcode	[redacted]
Personal licence number (if known)	TDX2650
Issuing licensing authority (if known)	TENDRING 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 8).

THE BAR IS LOCATED INSIDE A FAC ARCADE.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	12:00	22:00
Tue	12:00	22:00
Wed	12:00	22:00
Thur	12:00	22:00
Fri	12:00	22:00
Sat	12:00	22:00
Sun	12:00	22:00

State any seasonal variations (please read guidance note 4)

OPEN DAILY DURING THE SUMMER SEASON
LIMITED OPENING DURING WINTER MONTHS

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 5)

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)

b) The prevention of crime and disorder

THERE WILL BE CCTV
THERE WILL BE Signs DISPLAYING, ANTISOCIAL BEHAVIOUR, DRUG USE OR VIOLENCE WILL NOT BE TOLERATED.

c) Public safety

THERE WILL BE CCTV

d) The prevention of public nuisance

ANY NOISE WILL BE MONITERED
ANY LITTER WILL BE REMOVED

e) The protection of children from harm

THERE WILL BE UNDER 25 Signs Located around THE BAR + NUMERAUS AGE LAW Signs.

Checklist:

A.1 - APPENDIX A

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.

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 14)

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, if appropriate (please read guidance note 14)

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	[redacted]
Date	13-05-2026
Capacity	Company Director / OWNER.

For joint applications, signature of 2nd applicant or 2nd 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	

A.1 - APPENDIX A