

New Premises Licence

Premises Details

Business/Premises Name *

Northbrink Bar & Rooms Ltd

Premises Address *

HARE AND HOUNDS HOTEL, HARE AND HOUNDS
HOTEL 4 NORTH BRINK WISBECH CAMBRIDGESHIRE
PE13 1JR

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 7650

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

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

Other Applicant (Non Individual)

Name *

Northbrink Bar and Rooms Ltd

Registered Address *

1 Church Mews

Address line 2

Address line 3

Other Applicant (Non Individual)

Town/City *	Wisbech
County	
Postcode *	PE13 1HL
Registered Number (where applicable)	177116443
Description of applicant (for example partnership, company, unincorporated association, etc) *	Limited Company
Telephone Number *	07497813683
Email *	northbrinkbarandrooms@gmail.com

Operating Schedule

When do you want the premises licence to start? *	01/05/2026
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	Brick built with slate roof
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

Operating Schedule

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, late night refreshment or supply of alcohol (please read guidance note 2) *

a) Plays

b) Films

c) Indoor Sporting Events

Operating Schedule

- d) Boxing or Wrestling
- e) Live Music
- f) Recorded Music
- g) Performances of Dance
- h) Anything of a similar description falling under Music or Dance
- i) Provision of Late Night Refreshment
- j) Supply of Alcohol

e) Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

00:00

e) Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) *

Both

Please provide further details. (please read guidance note 4)

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

f) Recorded Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

02:30

f) Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) *

Both

Please provide further details.(please read guidance note 4)

State any seasonal variations for the playing of recorded music. (please read guidance note 5)

New years Eve/Day 02:01 to 09:59

Please state any non-standard timings, where you intend to use the premises for the performance of recorded music at different times from the Standard days and times listed? (please read guidance note 6)

j) Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)* Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

02:00

j) Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Both

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

Yes

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

New years eve/day 02:01 to 09:59

j) Supply of Alcohol

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

Designated Premises Supervisor

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)

Title *

Mr

First name *

[REDACTED]

Surname *

[REDACTED]

Street address *

[REDACTED]

Town/City *

[REDACTED]

County

Postcode *

[REDACTED]

Personal Licence Number (if known)

PERS0766

Issuing Licensing Authority (if known)

Fenland

Adult Entertainment

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 9). *

None

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Opening Hours Standard Times

Day *

Every Day

09:00

02:30

Opening Hours

State any seasonal variations. (please read guidance note 5)

New years eve/day 02:31 to 09:59

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

Licensing Objectives

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)

Full staff training to ensure the licencing objectives are complied with.

b) The prevention of crime and disorder *

A CCTV system shall be installed and maintained, covering internal and external areas # Recordings shall be retained for a minimum of 31 days and made available upon request # An incident log shall be maintained and kept on the premises # Staff shall be trained to manage and de-escalate incidents # A zero-tolerance approach to drugs will be adopted

c) Public safety *

Appropriate fire safety measures shall be in place, including alarms, extinguishers, and clearly marked exits # Capacity limits shall be observed # Regular safety checks shall be carried out # First aid provision shall be available on site

d) The prevention of public nuisance *

Doors and windows shall be kept closed after 23:00, except for access and egress # Clear signage shall be displayed requesting customers to leave quietly # Staff shall monitor customer behaviour, particularly during dispersal # All reasonable steps shall be taken to ensure that noise does not cause disturbance to nearby or on-site residents

e) The protection of children from harm *

A Challenge 25 policy shall be implemented # Acceptable forms of ID shall include passport, driving licence, or PASS-approved ID # Staff shall receive training in age verification procedures # Children shall be accompanied by a responsible adult

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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 (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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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, if appropriate (please see note 15).

Full Name *

Date *

Capacity *



Declaration made

Do you wish to provide alternative correspondence details? *

Email confirmation

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Surname /Company Name

Northbrink Bar and Rooms Ltd

Email *

northbrinkbarandrooms@gmail.com

Telephone