

#### **LICENSING ACT 2003**

Ribble Valley Borough Council, as the relevant licensing authority, hereby **GIVE NOTICE** that it has received an application for the **GRANT** of a Premises Licence from:-

Applicant:	Georgonzola Ltd
Premises Details:	23 King Street, Clitheroe BB7 2EU
Licensable activities applied for:	To supply <b>Alcohol</b> for consumption <b>on and off</b> the premises:  Monday to Sunday: 0900hrs – 2300hrs
Opening Hours:	Hours premises are open to the public:  • Monday to Sunday: 0900hrs – 2300hrs

A copy of the premises licence application is attached to this notice and a record has been placed on the licensing authority's public register: <a href="https://www.ribblevalley.gov.uk/info/200293/licensing">https://www.ribblevalley.gov.uk/info/200293/licensing</a> and law

Any Responsible Authority or Other Person who wishes to make representations regarding this application must give notice in writing to the Licensing Officer (Alcohol & Entertainment), Ribble Valley Borough Council, Council Offices, Church Walk, Clitheroe BB7 2RA or by email to <a href="mailto:licensing@ribblevalley.gov.uk">licensing@ribblevalley.gov.uk</a> no later than 15 October 2025.

Under Section 158 of the Licensing Act 2003 it is an offence to knowingly or recklessly make a false statement in connection with an application. The fine for which a person is liable on summary conviction is unlimited.

Marshal Scott
Chief Executive

Dated: 17 September 2025

# 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.

	o keep a copy of the com					
apply for a pre		he premises	and	I/we are mal	ding this	
Postal addres	s of premises or, if none,	ordnance sur	rvey r	nap reference	e or description	
23 1	KING STREET					
Post town	CLITHEROE			Postcode	BB7 260	
Telephone nu	mber at premises (if					
	rateable value of	£ 470	0			
Part 2 - Applicant details						
			licor	100 26 P	lease tick as	
appropriate	hether you are applying f	or a premises	, HCCI	100 03	logoo sion wo	
a) an indiv	ridual or individuals *			please com	plete section (A)	
b) a perso	n other than an individua	*				
1 00	a limited company/limited	d-liability	-	please com	plete section (B)	

a)	an	individual or individuals *	please complete section (A)
b)	ар	erson other than an individual *	
	i	as a limited company/limited-liability partnership	please complete section (B)
	ii	as a partnership (other than limited liability)	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)

<sup>\*</sup> If you are applying as a person described in (a) 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 (fill in as applicable)

Mr	- 1	Ms		er Title (for mple, Rev)			
Surname			First na	mes			
Date of bir	th	I am 18	years o	old or ove	r	Please tick	yes
Nationality	i						
address if o	Current residential address if different from premises address						
Post town						Postcode	
Daytime co	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 'share code' provided to the applicant by that service (please see note 15 for information)							

	Standard de la constant		
Casasal individual anninant /it anninants	-	Second individual applicant (if applicable)	

Mr	Mrs	Miss	١	Иs		er Title example, ')	
Surname				First na	ames	3	
Date of birt	th		I am 1	8 years	old	Plea	ase tick yes
Nationality							-
Current resi address if d from premis address	ifferent						
Post town				25		Postcode	
Daytime co	ntact t	elephone					
E-mail add (optional)	ress						
work check	ing serv	if demonstrating a rice), the 'share co 5 for information)	right tode' pr	to work v ovided to	ia the	e Home Offic applicant by	ce online right to that service:

### (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 GEORGE HAMMOND
Address
15-17 LOWERGATE
CLITHEROE
BB7 IAD
Registered number (where applicable)
13176352

Description of applicant (for example, partnership, company, unincorporated association etc.)								
COMPANY								
Telephone number (if any)								
E-mail address (optional)								
Part 3 Operating Schedule								
When do you want the premises licence to start?  DD MM YYYY  O1 10 20 25								
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 (please read guidance note 1)  FOOD SHOP - WITH SEATING.  ALSO SELLING FOOD - ALCOHOL TO CONSUME IN  SHOP, TO BUT AND TAKE AWAY								
SHOF, TO BUT AND TAKE AWAT								
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.								
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?								
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.								
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?								
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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note Please tick all								
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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)								
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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note Please tick all that apply  a) plays (if ticking yes, fill in box A)								
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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)  a) plays (if ticking yes, fill in box A)  b) films (if ticking yes, fill in box B)								
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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)  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)								

Taxable Control of the last of	g)	performances of dance (if ticking yes, fill in box G)	
	-	anything of a similar description to that falling within (e), (f) or	
	h)	(g) (if ticking yes, fill in box H)	
		(If ticking yes, illi in box ii)	

1	(if the bing you fill in boy I)	
	Provision of late night refreshment (if ticking yes, fill in box I)	
Section of the last	Supply of alcohol (if ticking yes, fill in box J)	V

in all cases complete boxes K, L and M

### A

Plays Standard days and timings (please read		read	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)			
guidar	nce note	7)		Outdoors		
Day	Start	Finis h		Both		
Mon			Please give further details here (please read)	ad guidance note		
Tue				87		
Wed			State any seasonal variations for perform (please read guidance note 5)	ing plays		
Thur						
Fri			Non standard timings. Where you intend premises for the performance of plays at to those listed in the column on the left, p (please read guidance note 6)	different times		
Sat			(piease read guidance note o)			
Sun						

Films Standard days and timings (please read guidance note 7)		read	Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri			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	
Sat			read guidance note 6)	
Sun				

Indoor sporting events Standard days and timings (please read guidance note 7)		and read	Please give further details (please read guidance note 4)
Day	Start	Finis h	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
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 road guidenes note 6)
Fri			read guidance note 6)
Sat			
Sun			

entert	g or wre	s	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please	Indoors
timing	Standard days and timings (please read guidance note 7)		read guidance note 3)	Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for boxing of entertainment (please read guidance note 5	or wrestling )
Thur				
Fri	Fri		Non standard timings. Where you intend premises for boxing or wrestling entertain different times to those listed in the column	ment at
Sat			please list (please read guidance note 6)	
Sun				

# Ε

Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guidar	nce note	7)		Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue	Tue		*	
Wed	Wed		State any seasonal variations for the performusic (please read guidance note 5)	ormance of live
Thur				
Fri			Non standard timings. Where you intend premises for the performance of live mustimes to those listed in the column on the	ic at different
Sat			(please read guidance note 6)	
Sun				

Recorded music Standard days and timings (please read guidance note 7)		and read	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors
Day	Start	Finis h		Both
Mon	09.00	23.00	Please give further details here (please read)	d guidance note
Tue	09.00	23.00		
Wed	0900	2300	State any seasonal variations for the playimusic (please read guidance note 5)	ng of recorded
Thur	0900	2300		
Fri	09.06	2300	Non standard timings. Where you intend premises for the playing of recorded must times to those listed in the column on the (please read guidance note 6)	ic at different
Sat	09.00	23,00	(piease read guidante note s)	
Sun	09 20	23.00		

dance	Performances of dance Standard days and		Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
timing	timings (please read guidance note 7)		<u>production</u> (product gardens server)	Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for the performance (please read guidance note 5)	ormance of
Thur				
Fri			Non standard timings. Where you intend premises for the performance of dance at to those listed in the column on the left, p	different times
Sat			(please read guidance note 6)	
Sun				

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)		ption within and e read	Please give a description of the type of enter- be providing	tainment you	will
Day	Start	Finis h	Will this entertainment take place indoors or outdoors or both – please	Indoors	
Mon			tick (please read guidance note 3)	Outdoors	
				Both	
Tue	Tue		Please give further details here (please read)	ad guidance r	note
Wed	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 timings. Where you intend premises for the entertainment of a simila that falling within (e), (f) or (g) at different listed in the column on the left, please list guidance note 6)	r description times to tho	se
Sun					

I

	hment	and	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please	Indoors
timing	Standard days and timings (please read guidance note 7)		read guidance note 3)	Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed	Wed		State any seasonal variations for the provinght refreshment (please read guidance no	
Thur				
Fri			Non standard timings. Where you intend premises for the provision of late night re different times, to those listed in the column	freshment at
Sat			please list (please read guidance note 6)	
Sun				

J

Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)  On the premises		
	s (prease		guidance note of	Off the premises	
Day	Start	Finis h		Both	V
Mon	09.00	23.00	State any seasonal variations for the suppopulation (please read guidance note 5)	oly of alcoho	
Tue	09.00	23.00			
Wed	09.00	23.00			
Thur	09.00	23.00	Non standard timings. Where you intend premises for the supply of alcohol at difference listed in the column on the left, plear read guidance note 6)	erent times to	e se
Fri	09.00	23,00	read guidance note o)		
Sat	09.00	23.00			
Sun	09.00	23.00			

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 Good Monmond	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	PER 1018
Issuing licensing authority (if known)	Ribble Vally Borough Carrie

### 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 9).

#### 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	Finis h	
Mon	0900	2300	
Tue	9000	V500	
Wed	0900	2300	
			Non standard timings. Where you intend the premises to be open to the public at different times from those listed
Thur	0900	2300	in the column on the left, please list (please read guidance note 6)
Fri	0900	2300	
Sat	0960	9300	
Sun	900	23xx	

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)

FULLY TRAINED STAFF RECORDS OF TRAINING WHICH WILL BE AVAILABLE TO LICENSING AUTHORITY. ALL STAFF WILL BE AWARE OF TERMS - CONDITIONS. STAFF WILL UNDERTAKE TRAINING IN RESPONSIBITES IN RELATION TO THE SALE OF ALCOHOL, PARTICULARLY REGARDING UNDERAGE AND DRUNKENESS.

b) The prevention of crime and disorder

ANY INSTANCE OFACRIMANAL NATURE WHICH TAKES PLACE ON THE PREMISES NILL BE REPORTED TO THE POLICEWHICH IS NEXT DOOR BUT ONE TO THE SHOP. (KING STREET) ZERO TOLERANCE POLICY TO ANY ANTI-SOCIAL BEHAVIOUR. LICENSEE WALL INSTALL COMPREHENSIVE CCTV COVERAGE

c) Public safety

APPROPRIATE FIRE SAFETY PROCEDURES IN PLACE. INTERNALLY ILLUMINATED EXIT SIGNS AND EMERGENCY LIGHTING. ALL EMERGENCY EXITS TO BE KEPT CLEAR AT ALL TIMES. FIRE EXTINGUISHERS ARE IN PLACE AND REGULARLY MAINTAINED.

d) The prevention of public nuisance

CLEAR SIGNS ABOUT LEAVING PREMISES QUIETLY AND HAVING REGARD FOR NEIGHBOURS. WILL BE PROMINENTLY DISPLAYED. ALL TAKE-AWAY CONTAINERS WILL BE SEALED NO EXTRA LIGHTING-ONLY USE LIGHTS CURRENTLY IN ODOUR - USE OF SEALED BINS AT REAR OF PROPERTY FOR WASTE.

### e) The protection of children from harm

STAFF WILL ASK PEOPLE FOR ID IF THEY THINK UNDER 25 1D SHOULD BE PRE APPROVED FORM. STAFF WILL BE TRAINED ON UNDER AGE SALES PREVENTION. REGISTER OF REFUSED SALES WILL BE KEPT ON PREMISES. SIGNAGE TO SAY CHILDREN MUST BE SUPERVISED AT ALL TIMES. STAFF GIVEN BASIC TRAINING IN CHILD
PROTECTION AGAINST ACCESS PROTECTION. TO STAIRS.

Chec	cklist: Please tick to indicate agreem	ent
0	I have made or enclosed payment of the fee.	/
0	I have enclosed the plan of the premises.	1
0	I have sent copies of this application and the plan to responsible authorities and others where applicable.	/
0	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	/
8	I understand that I must now advertise my application.	V
8	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	/

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.

online right to work checking service (please read note 15).

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.

[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).
	<ul> <li>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)</li> </ul>
Signature	
Date	12/9/25
Capacity	Croner
authorised age	cations, signature of 2 <sup>nd</sup> applicant or 2 <sup>nd</sup> applicant's solicitor or other ent (please read guidance note 13). If signing on behalf of the se state in what capacity.

Date					
Capacity					
Contact name associated with	(where not prev this applicatio	viously given) n (please rea	and postal ad d guidance no	ldress for contact 14)	respondence
Post town				Postcode	
Telephone nun	nber (if any)	had for	Maria de de la companya della companya della companya de la companya de la companya della compan		
If you would pr	efer us to corre	spond with y	ou by e-mail, y	your e-mail ac	ddress (optional)

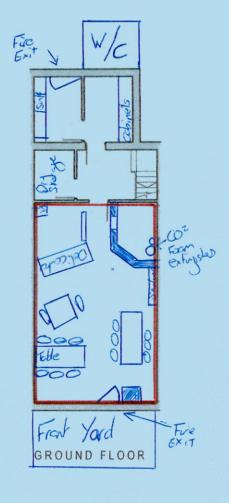
Notes for Guidance

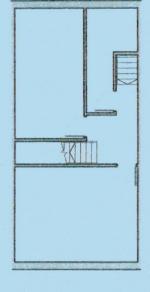
Signature

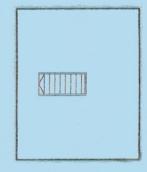
# Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]
of
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
Supply of Alcohol ON/OFF [type-of-application]
by
Georganizak (tal [name orapplicant]
relating to a premises licence [number of existing licence. if any]
for
Coscontale Ital 23 King Steet BB72EL Iname and address of premises to which the application relates)

and any premises licence to be granted or varied in respect of this application made by
George Manmord (Georgew Zak Ital)
concerning the supply of alcohol at
23 Kay Street (Thete BB 7 2ECC [name and address of premises to which application relates]
I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.
Personal licence number  PER 1018  [insert personal licence number, if any]
Personal licence issuing authority
Rubbles Velley Boroup Council [insert name and address and telephone number of personal licence issuing authority, if any]
Signed
Name (please print) of George Hamand
Date 12/9/25







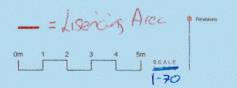
FIRST FLOOR

SECOND FLOOR



BLACKBURN 01254 681133 blackburn@tdawson.co.uk Capricorn House. Capricorn Park Blakewater Road, Blackburn, BB1 5QR

www.tdawson.co.uk









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