

ROSSENDALE  
LICENSING UNIT  
RECEIVED

17 DEC 2025

Application for a premises licence to be granted  
under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Rossendale Borough Council  
Licensing  
Valid Applications

17 DEC 2025

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 Simon Crompton

(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

95 NEWCHURCH ROAD

Post town

BACUP

Post code

OL13 0DH

Telephone number at premises (if any)

Non-domestic rateable value of premises

£

5,500

### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| 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                              | <input type="checkbox"/>            | please complete section (B) |
| d) a charity                                      | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body                          | <input type="checkbox"/>            | 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 ☐ 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname CROMPTON			First names SIMON JASON		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town			Text	Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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

E-mail address (optional)	
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**(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?

Day	Month	Year
<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?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note1)

The premises (previously Piccalilly's), is going to serve breakfasts from 9am.  
From 12pm we will be serving artisan sandwich's, salads & small plates.  
We would like to serve wines & spirits alongside the small plates &  
add 2 draught pumps.

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 yes**

- |   |                                     |
|---|-------------------------------------|
| 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 checked="" 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"/>            |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box L) ☐

**Supply of alcohol** (if ticking yes, fill in box M) ☒

**In all cases complete boxes N, O and P**

# A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

# B

Films Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>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</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

# C

Indoor sporting events Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>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</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			

# D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon		-----			
Tue		-----			
Wed		-----	<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
		-----			
Thur	-----	-----			
Fri		-----	<b><u>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</u></b> (please read guidance note 5)		
Sat	-----	-----			
Sun	-----	-----			



# E

Live music Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

# F

Recorded music Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)  Pre Recorded music to be played in the background from a single sound system.		
Mon	9am	10PM			
Tue	9am	10pm	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)  N/A		
Wed	9am	10pm			
Thur	9am	10pm	<b><u>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</u></b> (please read guidance note 5)  N/A		
Fri	9am	10pm			
Sat	9am	10pm			
Sun	9am	10pm			

# G

Performances of dance Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

# H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. 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</u></b> (please read guidance note 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>					
			<table border="1"> <tr> <td rowspan="3"><b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</td> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>		<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>	Outdoors
<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>						
	Outdoors	<input type="checkbox"/>						
	Both	<input type="checkbox"/>						
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)					
Wed								
Thur			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)					
Fri								
Sat								
Sun								

## J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>		
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

# K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	---			Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	-----		<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	-----	---			
Thur	-----		<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri		---			
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

# L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  N/A		
Mon	9am	10pm			
Tue	9am	10pm			
Wed	9am	10pm			
Thur	9am	10pm	<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)  N/A		
Fri	9am	10pm			
Sat	9am	10pm			
Sun	9am	10pm			

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

<b>Name</b>		SIMON CROMPTON
<b>Address</b>		
[REDACTED]		
<b>Postcode</b>	[REDACTED]	
<b>Personal Licence number (if known)</b>		PA0087
<b>Issuing licensing authority (if known)</b>		ROCHDALE

N

**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)**

N/A

O

<b>Hours premises are open to the public</b> <b>Standard days and timings (please read guidance note 6)</b>			<b><u>State any seasonal variations</u> (please read guidance note 4)</b>  <p style="text-align: center;">N/A</p>
Day	Start	Finish	
Mon	9AM	10pm	
Tue	9AM	10pm	
Wed	9AM	10pm	
Thur	9AM	10pm	
Fri	9AM	10pm	
Sat	9AM	10pm	
Sun	9AM	10pm	<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> (please read guidance note 5)</b>  <p style="text-align: center;">N/A</p>

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

The premises will be operated in a responsible manner at all times to uphold the licensing objectives.

The management team is committed to working with local authorities and enforcement agencies to ensure the café remains a safe and welcoming environment for the community. We would like to remain a part of Safer Rossendale.

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

A suitable CCTV system shall be installed and maintained in good working order, covering all areas to which the public have access. Recordings shall be kept for a minimum of 28 days and made available to authorised officers upon request.

Staff will receive training on recognising and handling potential conflict situations, refusing service to intoxicated persons, and ensuring the safe dispersal of customers at closing time.

**c) Public safety**

All exits and escape routes will be kept clear and well-lit.

Staff will receive health and safety training, including fire procedures and first aid awareness.

The premises will maintain appropriate fire safety equipment, emergency lighting, and signage.

**d) The prevention of public nuisance**

Background music will be played at a reasonable level so as not to cause disturbance to nearby residents or businesses.

Signage will be displayed requesting customers to leave the premises quietly and respect the neighbours.

Waste disposal, deliveries, and collections will only be between 9am - 8:30pm

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

A Challenge 21 policy will be operated, requiring anyone who appears under 21 to produce valid photo ID before being served alcohol.

All staff involved in alcohol sales will receive training in age verification procedures and the refusal of service where appropriate.


**Please tick yes**

- 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 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 CONVICTION TO A FINE UP TO 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	10/11/2025
Capacity	OWNER & LICENSE HOLDER

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