

**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 Patricia Neary

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Neary's General Store, 425-427 Helmshore Rd, Rossendale BB4 4JR			
<b>Post town</b>	Rossendale	<b>Post code</b>	BB4 4JR

Telephone number at premises (if any)	01706213918
Non-domestic rateable value of premises	£ 9900

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  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  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> Neary			<b>First names</b> Patricia		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>			<b>Postcode</b>		
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>			<b>Postcode</b>		
<b>Daytime contact telephone number</b>					

<b>E-mail address (optional)</b>	
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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"/>

<p>Please give a general description of the premises (please read guidance note1)</p> <p>A two story detached building located on a mixed commercial and residential street. The ground floor consists of a retail area, a rear storage room and a staff toilet. There is an additional storage shed to the rear of the property. The entrance is via Helmshore Road with additional exits to the side and rear of the property. Alcohol will be displayed for off-site consumption on shelving units located behind the main counter and additional shelving units and fridges on the front left of the store, visible from the till area and covered by CCTV. The second floor consists of 4 store rooms, a small office and residential accommodation.</p>
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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)
- 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play 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					
Thur					
Fri					
Sat					
Sun					
			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
			<b><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></b> (please read guidance note 5)		

**B**

<b>Films</b> 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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
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 exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

**C**

<b>Indoor sporting events</b> 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			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)	
Tue				
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**

<b>Boxing or wrestling entertainments</b> 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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
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**

<b>Live music</b> 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**

<b>Recorded music</b> 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)  Low volume music played via radio &/or TV throughout the day in accordance with Music License Regulations		
Mon	07:30	23:00			
Tue	07:30	23:00			
Wed	07:30	23:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	07:30	23:00			
Fri	07:30	23:00	<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)		
Sat	08:00	23:00			
Sun	09:00	22:30			

**G**

<b>Performances of dance</b> 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	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

# H

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

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>			
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)			Indoors
			Outdoors			<input type="checkbox"/>
			Both			<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)			
Wed						
Thur			<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> (please read guidance note 5)			
Fri						
Sat						
Sun						

**J**

<b>Provision of facilities for dancing</b> 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						
Thur						
Fri						
Sat						
Sun			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)			
			<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)			

**K**

<p><b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)</p>			<p><b><u>Please give a description of the type of entertainment facility you will be providing</u></b></p>		
Day	Start	Finish	<p><b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					

**L**

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

**M**

<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 box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" 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)		
Mon	07:30	23:00			
Tue	07:30	23:00			
Wed	07:30	23:00			
Thur	07:30	23:00			
Fri	07:30	23:00			
Sat	08:00	23:00			
Sun	09:00	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)		

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

<b>Name</b>	Patricia Neary		
<b>Address</b>	[REDACTED]		
<b>Postcode</b>	[REDACTED]		
<b>Personal Licence number (if known)</b>	26/00052/LAPERS		
<b>Issuing licensing authority (if known)</b>	Rossendale Council		

**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)**

No entertainment provided

**O**

<p><b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)</p>			<p><b><u>State any seasonal variations</u></b> (please read guidance note 4)</p>
Day	Start	Finish	<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>Christmas day and New year's day closure Half day 26th December and all bank holidays</p>
Mon	07:30	23:00	
Tue	07:30	23:00	
Wed	07:30	23:00	
Thur	07:30	23:00	
Fri	07:30	23:00	
Sat	08:00	23:00	
Sun	09:00	22:30	

**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 person whose name is on the premises license will ensure there will be competent trained staff available at all times to prevent drunk and disorderly behaviour and potential sales to underage persons. Records of training will be retained.

temp

Alcohol is only allowed to be consumed off premises

All staff involved in selling alcohol will receive training on the Licensing Act 2003, Challenge 25 and refusal recording

Refresher training will be provided at least every 18 months. Records of such training shall be maintained and made available to the Licensing Authority upon request

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

- Alcohol shall only be sold to persons aged 18 years or over. The age of any person appearing under 25 shall be verified by means of an approved form of identification, in line with the Challenge 25 policy.
- All staff involved in the sale of alcohol shall be trained in the Challenge 25 policy. Any refusals of sale to underage customers shall be recorded in a refusals log, which shall be kept on the premises and made available to the Police and/or Licensing Authority upon request.
- CCTV will be installed covering all entrances and the alcohol display areas, with recordings kept for at least 28 days, and shall be made available to the Police or Licensing Authority upon request. The system shall be maintained in full working order at all times
- No alcohol will be sold to anyone who appears drunk or is causing a disturbance.

**c) Public safety**

All Fire Exits are clearly marked and free from obstruction

Staff will be trained in basic health and safety procedures, including handling incidents in the shop

**d) The prevention of public nuisance**

- Waste receptacles available
- Deliveries and waste collections will only take place between 7AM-7PM
- Deliveries or collections outside normal opening hours will not create noise disturbance to neighbours.
- Alcohol shall only be sold for consumption off premises. No consumption of alcohol shall be permitted within the shop.

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

- There is a strong 'Think 25' policy in place, with training records documented.
- Staff know to refuse sales if unsure and backup is available if needed
- Child related products are displayed in separate area of the shop to the alcohol
- Alcohol will be displayed separately from other products to prevent easy access by children.
- Clear and legible signage shall be displayed at the point of sale and other prominent locations within the premises, advising customers that the sale of alcohol to persons under 18 years of age is prohibited by law.

**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	13/03/2026
Capacity	Premises Owner

**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			
<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13)			
		<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			