Wiltshire Council

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~~ RIDE COFFEE AND MOTO
(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			
RIDE COFFEE AND MOTO 5 FISH ROW			
Post town	SALISBURY	**Postcode**	SP1 1EX

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 23250.00

Part 2 - Applicant details

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

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

* 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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			**First names**		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
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)

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			**First names**		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
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)					

(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	KINK MOTORCYCLES TRADING AS RIDE COFFEE AND MOTO.
Address	5 FISH ROW, SALISBURY, WILTSHIRE SP1 1EX
Registered number (where applicable)	14793564
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY
Telephone number (if any)	[redacted]
E-mail address (optional)	[redacted]

Part 3 Operating Schedule

When do you want the premises licence to start? DD MM YYYY: 01 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)

THE PREMISES OPERATES AS AN INDEPENDANT COFFEE SHOP LOCATED IN A TERRACED COMMERCIAL PROPERTY.
THE PREMISES CONSISTS OF A GROUND FLOOR CUSTOMER SEATING AREA, SERVICE COUNTER, FOOD AND DRINK PREPARATION AREA. WC FACILITIES ON MEZZANINE FLOOR, STORAGE AND STAFF FACILITIES ON FIRST FLOOR.
THE BUSINESS PRIMARILY SERVES COFFEE, HOT FOOD AND COLD BEVERAGES, BAKED GOODS FOR CONSUMPTION ON AN OFF PREMISES.
OUTSIDE SEATING ASSOCIATED WITH THE PREMISES WILL BE MANAGED BY STAFF TO ENSURE SAFE OPERATION. THE APPLICATION SEEKS PERMISSION FOR THE SALE OF ALCOHOL TO ACCOMPANY THE CAFE OFFERING AND CUSTOMER EXPERIENCE.

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)		Please tick all 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

<table>
<tr><td colspan="3">Plays
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td><td>Indoors</td><td></td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td>Outdoors</td><td></td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for performing plays</u>
(please read guidance note 5)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="2"><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 6)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3"></td></tr>
</table>

B

Films Standard days and timings (please read guidance note 7)			**Will the exhibition of films take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4)		
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 read guidance note 6)		
Sat					
Sun					

C

<table>
<tr><td colspan="3">Indoor sporting events
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Please give further details</u> (please read guidance note 4)</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td></tr>
<tr><td rowspan="2">Mon</td><td></td><td></td><td rowspan="2"></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Tue</td><td></td><td></td><td rowspan="4"><u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Wed</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Thur</td><td></td><td></td><td rowspan="6"><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> (please read guidance note 6)</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Fri</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Sat</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Sun</td><td></td><td></td></tr>
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D

<table>
<tr><td colspan="3">Boxing or wrestling entertainments
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td><td>Indoors</td><td></td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td>Outdoors</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td>Both</td><td></td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Tue</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Thur</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="2"><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> (please read guidance note 6)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Sat</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
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E

Live music Standard days and timings (please read guidance note 7)			**Will the performance of live music take place indoors or outdoors or both – please tick** (please read guidance note 3)		
Day	Start	Finish		Indoors	✓
				Outdoors	
				Both	
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for the performance of live music** (please read guidance note 5)		
Thur					
Fri			**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** (please read guidance note 6) BANK HOLIDAYS 14:00 - 22:00 NEW YEARS EVE 14:00 - 01:00		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			**Will the playing of recorded music take place indoors or outdoors or both – please tick** (please read guidance note 3)		
Day	Start	Finish		Indoors	✓
				Outdoors	
				Both	
Mon	10:00	23:00	**Please give further details here** (please read guidance note 4)		
Tue	10:00	23:00			
Wed	10:00	23:00	**State any seasonal variations for the playing of recorded music** (please read guidance note 5)		
Thur	10:00	23:00			
Fri	10:00	01:00	**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** (please read guidance note 6) BANK HOLIDAYS 10:00 - 01:00 NEW YEARS EVE 06:30 - 01:00		
Sat	10:00	01:00			
Sun	10:00	23:00			

G

<table>
<tr><td colspan="3">Performances of dance
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td><td>Indoors</td><td></td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td>Outdoors</td><td></td></tr>
<tr><td rowspan="2">Mon</td><td></td><td></td><td rowspan="4"><u>Please give further details here</u> (please read guidance note 4)</td><td>Both</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Tue</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Wed</td><td></td><td></td><td colspan="3" rowspan="3"><u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Thur</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Fri</td><td></td><td></td><td colspan="3" rowspan="3"><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>
(please read guidance note 6)</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Sat</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Sun</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
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H

<table>
<tr><td colspan="3">Anything of a similar description to that falling within (e), (f) or (g)
Standard days and timings (please read guidance note 7)</td><td colspan="3">Please give a description of the type of entertainment you will be providing</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td colspan="3" rowspan="3"><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td></tr>
<tr><td rowspan="2">Mon</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Tue</td><td></td><td></td><td>Indoors</td><td></td></tr>
<tr><td></td><td></td><td>Outdoors</td><td></td></tr>
<tr><td rowspan="2">Wed</td><td></td><td></td><td>Both</td><td></td></tr>
<tr><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td rowspan="2">Thur</td><td></td><td></td></tr>
<tr><td></td><td></td><td colspan="3" rowspan="3"><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</td></tr>
<tr><td rowspan="2">Fri</td><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Sat</td><td></td><td></td><td colspan="3" rowspan="3"><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> (please read guidance note 6)</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Sun</td><td></td><td></td></tr>
<tr><td></td><td></td><td colspan="3"></td></tr>
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I

Late night refreshment Standard days and timings (please read guidance note 7)			**Will the provision of late night refreshment take place indoors or outdoors or both – please tick** (please read guidance note 3)		
				Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for the provision of late night refreshment** (please read guidance note 5)		
Thur					
Fri			**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** (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			**Will the supply of alcohol be for consumption – please tick** (please read guidance note 8)		
Day	Start	Finish		On the premises	
				Off the premises	
				Both	✓
Mon	11:00	23:00	**State any seasonal variations for the supply of alcohol** (please read guidance note 5)		
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00	**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 6)		
Fri	11:00	01:00	NEW YEARS EVE 11:00 - 01:00		
Sat	11:00	01:00			
Sun	11:00	22:00			

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	[redacted]
Date of birth	[redacted]
Address	[redacted]
Postcode	[redacted]
Personal licence number (if known)	[redacted]
Issuing licensing authority (if known)	[redacted]

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).

NONE. THE PREMISES WILL OPERATE AS A COFFEE SHOP WITH THE SALE OF ALCOHOL. NO ADULT ENTERTAINMENT OR SERVICES OF AN ADULT NATURE WILL BE PROVIDED. NO GAMBLING OR AGE RESTRICTED ENTERTAINMENT WILL TAKE PLACE. THE PREMISES WILL OPERATE A CHALLENGE 25 POLICY.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	07:00	23:00
Tue	07:00	23:00
Wed	07:00	23:00
Thur	07:00	23:00
Fri	07:00	01:00
Sat	07:00	01:00
Sun	07:00	23:00

State any seasonal variations (please read guidance note 5)

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 6)

BANK HOLIDAYS 07:00 - 01:00

NEW YEARS EVE 07:00 - 01:00

* A REFUSALS AND INCIDENT LOG MUST BE MAINTAINED AND MADE AVAILABLE TO AUTHORISED OFFICERS UPON REQUEST.

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 10)

THE PREMISES WILL OPERATE AS A COFFEE SHOP WITH THE SALE OF ALCOHOL. A WRITTEN STAFF PROGRAMME WILL BE IMPLEMENTED AND ALL STAFF AUTHORISED TO SELL ALCOHOL WILL RECEIVE TRAINING ON: THE LICENSING ACT 2003, THE 4 LICENSING OBJECTIVES, CHALLENGE 25, RECOGNISING SIGNS OF INTOXICATION AND REFUSING THE SALE OF ALCOHOL. REFRESHER TRAINING WILL BE PROVIDED AND RECORDS KEPT ON PREMISES AND MUST BE MADE AVAILABLE TO AUTHORISED OFFICERS UPON REQUEST *

b) The prevention of crime and disorder

A CHALLENGE 25 POLICY SHALL OPERATE AT ALL TIMES. ONLY VALID FORMS OF ID (PHOTO LICENCE etc) PHOTOCARD MUST BE ACCEPTED. A REFUSALS REGISTER SHALL BE MAINTAINED. ALCOHOL SHALL AND MUST NOT BE SOLD TO INTOXICATED PERSONS. CCTV SHALL BE MAINTAINED AT THE PREMISES WITH RECORDINGS RETAINED FOR A MINIMUM OF 28 DAYS.

c) Public safety

FIRE EXITS AND ESCAPE ROUTES SHALL BE KEPT CLEAR AT ALL TIMES. STAFF MUST BE MADE AWARE OF EMERGENCY PROCEDURES. A FIRST AID KIT SHALL BE KEPT ON THE PREMISES. THE PREMISES AND ANY OUTSIDE SEATING AREA SHALL BE MONITORED AND MAINTAINED IN A SAFE CONDITION.

d) The prevention of public nuisance

BACKGROUND MUSIC MUST BE KEPT AT A LEVEL THAT DOES NOT CAUSE NUISANCE TO NEIGHBOURING PROPERTIES. CUSTOMERS USING OUTSIDE AREAS SHALL BE MONITORED BY STAFF. NOTICES WILL REQUEST CUSTOMERS LEAVE QUIETLY AND RESPECT NEIGHBOURING PROPERTIES. THE AREA OUTSIDE THE PREMISES SHALL BE KEPT CLEAN AND TIDY.

e) The protection of children from harm

THE PREMISES WILL STRICTLY ENFORCE A CHALLENGE 25 POLICY, REQUIRING VALID PHOTO ID. ALL STAFF WILL RECEIVE REGULAR TRAINING ON AGE VERIFICATION AND PROXY SALES, WITH ALL SIMILE REFUSALS RECORDED IN A LOG FOR AUTHORITY INSPECTION. TO ENSURE SAFETY NOBODY UNDER THE AGE OF 18 WILL BE PERMITTED ON SITE AFTER 19:00.

Checklist:

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.	✓
•	[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 online right to work checking service (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.

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.**

Declaration	• [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). • 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)
Signature	[redacted]
Date	
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **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 14) GAVIN ROBINSON			
Post town	CHRISTCHURCH	Postcode	BH23 7NY
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) INFO@RIDECOFFEEANDMOTO.CO.UK			

GROUND FLOOR